PRACTICAL PHYSIOLOGY.

Lectures ON EXPERIMENTAL PHYSIOLOGY.

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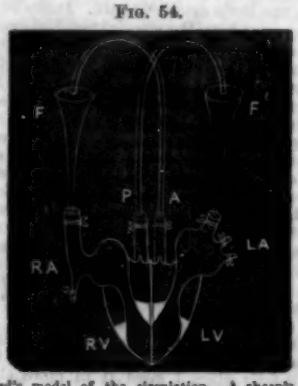
LECTURE XII.

CIRCULATION—(CONTINUED.)

The Pulse and Blood-Pressure.

GENTLEMEN,—In order to facilitate your study of the circulation, I have invented several models. In order to understand the action of the heart, study this model (Fig. 54). I have taken a sheep's heart, and have inserted the nozzle of a glass funnel into each auricle, a bent glass tube into the pulmonary artery, and a similar tube into the aorta. The patent venous openings of the auricles have been closed. The pulmonary artery tube has been arranged to pour its fluid into the left auricular, and the aortic tube to send its fluid into the right auricular funnel. I pour some coloured water into both funnels, and now you have a simple piece of apparatus which any of you can easily make, and which is capable of showing you many valuable facts.

FIG. 54.



Rutherford's model of the circulation. A sheep's heart. RV, Right ventricle. LV, Left ventricle. RA, Right auricle. LA, Left auricle. P, Tube in pulmonary artery. A, Tube in aorta. F, A funnel in right auricle. F', A funnel in left auricle.

When the ventricles are suddenly squeezed, you notice that a mass of fluid is projected through the arterial tubes into the auricular funnels, and that, as the ventricles are permitted to relax, the fluid descends in the funnels into the heart. [The action of the valves was explained. The competence of the sigmoid valves was shown, and it was demonstrated that if the funnel in the right auricle be filled with water, so as to cause distension of the right ventricle by the increased pressure, the tricuspid valve permits of partial regurgitation of fluid into the right auricular funnel ere the closure of the valve takes place. The importance of this "safety-valve" action of the tricuspid was indicated. It was shown that an increase of pressure sufficient to cause this regurgitation through the right auriculo-ventricular valve failed to do so through the corresponding valve on the left side of the heart. The probable explanation being that the mitral valve closes more perfectly than the tricuspid, and that, owing to the thickness of the wall of the left ventricle, it requires a much greater distending force to produce dilatation.] The mass of fluid which you see projected from the cardiac ventricles occasions the pulse.

I now take an ordinary elastic pump having a long india-rubber tube connected with it. When we pump water through the tube you feel that at each contraction of the pump the tube distends and then recoils. This distension is the pulse. It is simply a wave projected from the heart, and the wave is due to the mass of fluid thrown into the elastic tube. As the fluid flows out, the tube of course regains its former calibre. We coil the tube, and you see that with each pulsation the coils open up; there is elongation as well as lateral distension of the elastic tube. The elastic tube is, by the contraction of the pump, compelled to hold more fluid, and so it distends in every direction.

Commonly the pulse is confined to the arteries. There is usually no pulse in the capillaries. Why is this? The reason will presently be evident. The elastic tube which we have been employing (Fig. 55, R T) has a pump at the one end and a stopcock at the other (P' and S'). The pump

FIG. 55.

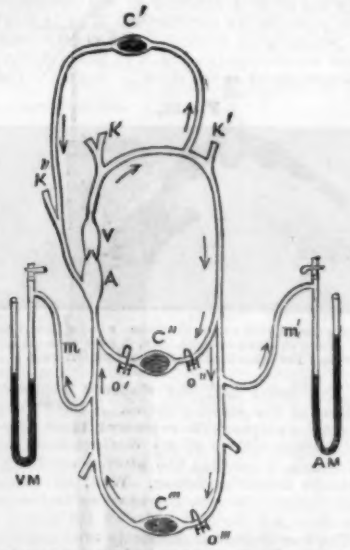
Rutherford's models to illustrate the pulse. P and P', Two elastic pumps. S and S', Two stopcocks. R T, A rigid tube. R T, An elastic tube. The tubes used are three or four feet long.

represents the heart and the stopcock represents the muscular fibres of the small arteries. I have caught the idea of putting a stopcock to represent these fibres from the beautiful observations of my distinguished colleague Professor Johnson, regarding the altered condition of the small arteries in Bright's disease. Well, let us leave the stopcock fully open. Squeeze the heart as fast as you like, and you see there is a distinct pulse at the patent end of the tube. The flow of fluid is distinctly intermittent. Why so? Because the fluid can get out of the tube as fast as it is sent into it. Now this state of the stopcock represents a dilated condition of the small arteries; and it is a fact that when the small arteries are dilated the pulse is not confined to the arteries, but extends into the capillaries and veins. But now turn the stopcock and permit the fluid to flow out by a much smaller aperture. In doing so you offer resistance to the exit of the fluid; of course the more you close the stopcock the greater resistance do you offer. Now work the pump, and you need not do it very fast. See the result; the pulse has disappeared from the capillary stream at the nozzle, and there is instead of it a continuous flow. Why? Because the fluid cannot now flow out as fast as you send it into the tube. It therefore accumulates in the tube, and the time occupied by its escape fills up the intervals between the contractions of the heart. Here there is a demonstration of why it is that, in an ordinary case with semi-contracted small arteries, the pulse is confined to the arteries and does not extend into the capillaries. In accumulating within the tube, the water is not compressed as air would be; you know such fluids as water and blood are practically incompressible, but the tube, being elastic, distends, and the recoil of the tube keeps the water flowing during the intervals between the heart's contractions. But now let us perform similar experiments with a rigid tube (Fig. 55, R T). You must be struck by the fact that you cannot now get rid of the pulse at the nozzle, however small you make the aperture. Why this difference? Simply because the tube we are now using will not distend. The water being incompressible, and the tube non-elastic, the water cannot accumulate in the tube, and so no more can be forced in than what flows out. You see, then, that if the artery were not elastic the pulse would never disappear at the small arteries. Do not, however, jump to the idea that the elasticity of the arteries is simply the cause of the disappearance of the pulse. Were this the only factor in the case, then, with dilated small arteries, there ought to be no pulse in the capillaries. The calibre of the small arteries is the other factor which you must not forget.

The cause of the disappearance of the pulse, and many other facts connected with the circulation, may be studied with much advantage on this third model or schema of the circulation. (Fig. 56.) Weber and Marey have constructed

schemata of the circulation; but I think I may, without need for hesitation, say that their schemata show little compared with the one I now exhibit. The schema simply consists of vulcanised rubber tubing filled with water. The ventricle of the heart (v) is an ordinary elastic pump. The

FIG. 56.



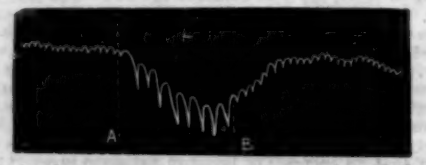
Rutherford's schema of the circulation.—V, Ventricle. A, Auricle. c′ c″ c‴, Capillaries of head, abdomen, and feet. o′ o″ o‴, Clamps for compressing the vessels. K, Innominate artery. K′, Left subclavian artery. K″, Right subclavian vein (these can be opened if necessary). VM, Venous manometer. AM, Arterial manometer. m and m′, Tubes permitting the fluid in the schema to communicate with the manometers. The arrows indicate the direction of the current.

capillaries (o′ o″ o‴) are represented by thin elastic bags containing sponge. The pores of the sponge represent the capillaries (read description of figure). The pressure of the fluid in the schema is indicated by two mercurial manometers—simple U-tubes with mercury. One manometer (A M) communicates with the femoral artery, the other (V M) with the femoral vein; so that the arterial and venous pressures may be compared. The clamp o‴ represents the muscular fibres of the small arteries. The clamps o′ and o″ are used to compress the abdominal vessels, and so to maintain them in a collapsed state when necessary. The arteries are made of thick-walled rubber, because they have to bear much distending pressure. The veins, on the other hand, are made of thin-walled rubber, so that when the fluid is drawn out of them into the heart they may collapse. When I planned this model it was my intention to have this collapse taking place only in a large thin-walled auricle. This, no doubt, would have served all the purposes of the schema perfectly; but my friend Dr. Lauder Brunton suggested to me that the schema would more perfectly represent the natural condition of the vessels were the veins also made of walls thin enough to permit of their collapse. Acting upon this excellent suggestion, I have had the schema constructed as above.* [In the schema which I at present use the valves are leaden balls. Such valves do not give sphygmographic tracings exactly like those got from the human arteries with the membranous sigmoid valves. When such tracings are wanted, one has only to adapt a lateral tube to one of the arterial tubes in the model of the heart which I first showed you (Fig. 54). I am engaged, however, in the construction of membranous valves for the schema, and doubt not I will succeed in rendering it perfect even for sphygmographic purposes.]

You notice that in both manometers the column of mercury in the one limb is above that in the other. This indicates that the schema is overfilled. It is distended. The elastic wall is recoiling upon the fluid, and tending to drive the superfluous fluid out of the tubes. It would do so were it not that it is driving it against a heavy column of mercury, which it can only move for a short distance. The length of the mercurial column in the one limb above that in the other is balancing the pressure exerted upon the fluid by the elastic wall of the schema. The height of this column indicates the pressure that is being exerted by the elastic recoil of the schema upon the fluid. In other words, it indicates what is termed the pressure or tension of the fluid. Were the fluid blood, we should speak of it as the blood-pressure or blood-tension. To convince you that all this is so, I press on the wall of the schema, and you see that at once the mercury is still further depressed in the one and raised in the other limb of the manometer. A higher column of mercury is now supported, because the pressure on the fluid is greater.

I now imitate slowly the heart's action by squeezing the pump (V), and you see that an oscillation takes place in both manometers. The mercury rises for a moment and then falls; that indicates that the mass of fluid projected from the heart caused a wave of increased pressure to pass round the system. This is the pulse. This wave reaches the arterial sooner than the venous manometer. The pulse-wave travels rapidly, but, nevertheless, it takes quite an appreciable time to go round this not very long tube. The small arteries are dilated, so we have a pulse in both arteries and veins; but now I contract the small arteries, and you see the pulse is no longer seen in the venous, although it is as evident as ever in the arterial manometer. Well, I dilate the little arteries again. Pump as fast as you like, and you cannot keep the arterial much above the venous pressure. But in the body the arterial is higher than the venous pressure. Why so? Because the small arteries are to some extent contracted, and the fluid does not flow out as fast as it is sent in by the heart, until the pressure in the arteries reaches a height sufficient to give a velocity to blood flowing out of the system sufficiently great to cause the blood sent into the arteries at each cardiac contraction to escape before the next systole occurs. When the term "blood-pressure" is used without any qualification, the arterial blood-pressure is indicated. The arterial pressure chiefly depends on two factors—(A) the rapidity with which blood is sent into the arteries by the heart, and (B) the rapidity with which it flows out through the small arteries. In one hand I hold the heart—the factor A. In my other hand I hold the capillaries and small artery (c‴ and artery at o‴)—the factor B. Leaving B untouched, I vary the rapidity of the action of the heart, and you see how the pressure varies. It rises when I drive fluid into the arteries rapidly, and it falls when I send it in more slowly. But now let us keep the heart going at a uniform rate, and alter the rapidity with which the fluid escapes from the arteries. When I contract the capillaries, you see, the arterial pressure rises; and when I relax them it falls. Note well the influence of these two factors. I show you two tracings to illustrate this important point more fully.

FIG. 57.



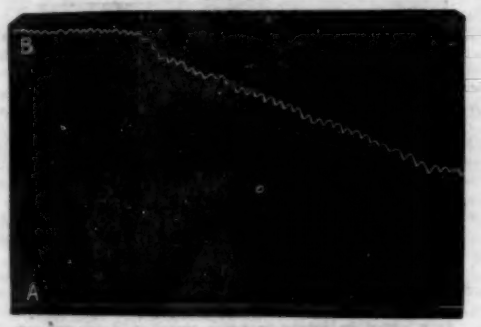
Tracing from a mercurial manometer in connexion with the carotid of a rabbit. The wavelets are due to the pulsations of the heart. The fall of the curve indicates a fall in the blood-pressure. Between the lines A and B the lower end of the vagus in the neck was irritated, and the effect of this upon the blood-pressure is seen.

The first tracing (Fig. 57) was taken from a mercurial manometer in connexion with the carotid artery of a rabbit. The wavelets are the pulsations. The vagus was divided in the neck, and the inferior extremities of the nerve afterwards irritated. The period of irritation is that between two vertical dotted lines (A and B) which I have added to the tracing. You see the heart's action was rendered much slower by stimulating the cardio-inhibitory nerve. The

* It has been cheaply and satisfactorily made for me by the North British India-rubber Company, Canonmills, Edinburgh, from whom it can be obtained.

rapidity with which the blood was sent into the arteries was diminished, and so the pressure fell, as indicated by a fall in the curve. Now look at this other tracing (Fig. 58). This was taken by me from the carotid of the same rabbit

FIG. 58.

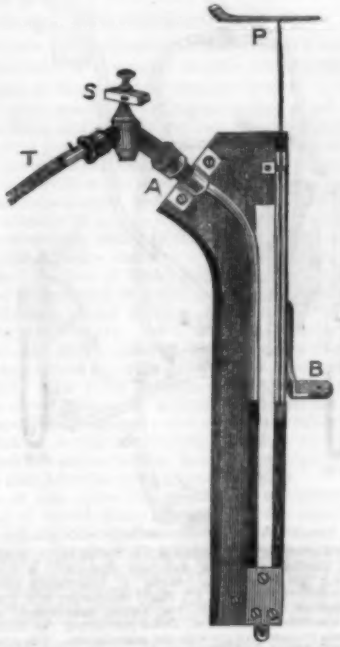


Tracing from same rabbit as Fig. 57, showing effect of stimulating the upper end of the superior cardiac branch of the vagus. B, The line of the blood-pressure. A, The abscissa line. The irritation was begun at the dotted line which intersects the line B.

as the former tracing. This one shows the effect upon the blood-pressure of irritating the upper end of the superior cardiac branch of the vagus after it had been divided in the neck. The first trace (Fig. 57) showed the influence on the arterial pressure produced by stimulating the cardio-inhibitory nerve. This (Fig. 58) shows the effect of stimulating a vaso-inhibitory nerve. You remember that a great function of the superior cardiac branch of the vagus is to dilate bloodvessels. The line B indicates the pressure. The irritation of the nerve was begun at the vertical dotted line, and you see how the pressure fell during the irritation. The heart's action was slightly retarded, but this is quite insufficient to account for so marked a lowering of the pressure (compare Fig. 57). The major cause of the depression is due to the more rapid escape of blood from the arteries, owing to dilatation of the arterioles. The horizontal line A in the last tracing is an abscissa, to which I shall presently allude.

The compression of bloodvessels by the contraction of neighbouring muscles of course affects the blood-pressure. In consequence of this when we are measuring the blood-pressure in an animal we find that with every movement of the animal the blood-pressure rises. Such variations are very distracting, and are sometimes fatal to the success of the experiment. To get rid of them voluntary motion is paralysed by a watery (filtered) solution of curara. Respiratory action is paralysed by this, and therefore artificial respiration by means of bellows must be had recourse to. The dose of curara should just suffice to paralyse the voluntary motor-nerves. If the dose be excessive the vaso-motor nerves are also paralysed. The amount given should be six milligrammes for a rabbit in winter, and three milligrammes in summer; twelve milligrammes for a small dog, and eighteen milligrammes for a large one. The aëration of the blood must be thoroughly maintained in such experiments, else the accumulation of carbonic acid in the blood stimulates the vaso-motor centre, and causes a rise in the blood-pressure. The carotid is usually the artery in which the blood-pressure is measured. It is the one which is most convenient as regards position and size. The instrument employed for measuring the pressure is an ordinary manometer; here, however, it has received the name hæmodynamometer. There are several forms of this instrument. That most commonly employed consists of a U-tube containing mercury. I show you (Fig. 59) the hæmodynamometer employed by Ludwig (read description of figure). The motions of the mercury may be measured by placing a scale behind the mercurial column in the free limb of the apparatus. But such a mode is now superseded by the far more elegant and accurate method of registering the motions of the mercury upon a revolving cylinder. Excellent though Ludwig's kymograph be, a simpler and cheaper one is that I have adapted to my schema (Fig. 56). A simple U-glass tube of narrow bore (Fig. 60, M), half filled with mercury, and having at its one extremity a T-tube the stem of which is connected with a thick-walled elastic tube (E) bearing a clamp (S'), which can be screwed up so as to act as a stop-cock. This tube is brought, by means of a glass nozzle, into communication with the bloodvessel. The third end of the T-tube is joined to a long elastic tube, communicating with a bottle (B) containing a saturated solution of

FIG. 59.



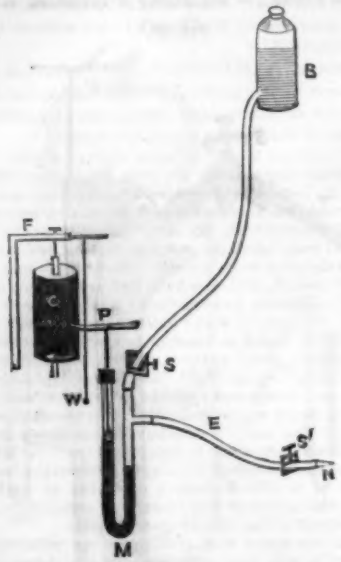
Ludwig's hæmodynamometer, or kymograph. Two glass tubes containing mercury communicate at the lower part of the apparatus, so as essentially to form a U-tube. A light steel rod having at its summit a glass pen, P, floats on the mercury. The pen registers the oscillations of the mercury upon a revolving cylinder. B, an iron bar by which the instrument may be fixed to a table bearing the revolving cylinder. T, A leaden tube which is brought into communication with the bloodvessel. S, Stopcock. A, Binding screw.

sodium bicarbonate. This tube also bears a clamp (S). The tube (E) is filled with the alkaline solution, in order to prevent as much as possible the blood from entering the tube (E), and also to retard the coagulation. Before permitting the blood to leave the artery a pressure nearly equal to that of the blood in the animal operated on, should be produced in the tube (E). This is done by filling the tube by elevating the bottle (B) to the requisite height. When the desired pressure is obtained the clamps (S and S') are tightened upon the tubes. In the course of the experiment it is sometimes necessary to wash out the apparatus so as to get rid of clots. This is easily done by elevating the bottle, and opening the clamp (S), the tube (E) being of course removed from its connexion with the artery. The pen (P), may be a sable hair brush, or glass pen (see Fig. 62, A and B) when the tracing is to be made with ink, or a light glass or aluminium stiletto if the tracing is to be made upon a smoothed surface. The pen is borne by a thin steel or glass rod, which is retained in a vertical position by a cap with a narrow hole through which it passes upon the upper end of the kymograph. The lower end of the rod is fixed in a vulcanite or glass float. The pen is easily kept against the cylinder by means of a thread with a weight at the end of it (see Fig. 60, W). A convenient cylinder to employ is Marey's, adapted for a continuous tracing when occasion requires (Fig. 29, THE LANCET, November 11th, 1871). The paper should always move towards the left hand, so that the tracing may be read from left to right. Why the Germans should make their instruments to give tracings which must be read from

right to *left*, like Hebrew, I am always at a loss to imagine. It is just as easy to make them write from left to right as in the opposite direction.

In connecting the myograph with an artery, first, the vessel is exposed and ligatured firmly; secondly, a pair of

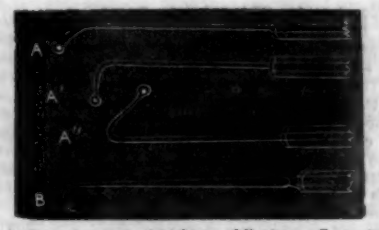
FIG. 60.



Mercurial kymograph or hæmodynamometer with cylinder, for registering the mercurial oscillation.—B, Elastic tube connected with bloodvessels by means of a nozzle. M, U-tube with mercury. D, Bottle with saturated solution of sodium bicarbonate. S and S', Two clamps. P, Pen. F, Support for cylinder. W, A weight at the end of a thread. The thread presses against the pen (P), and keeps it against the surface of the cylinder.

small artery forceps is placed on the artery on the cardiac side of the ligature, at the distance of about an inch from the latter; thirdly, a slit is made in the vessel, and a nozzle introduced and tied in. The introduction of the nozzle is often a difficult matter. It may, however, be rendered easy by the use of a little instrument (B, Fig. 61) invented

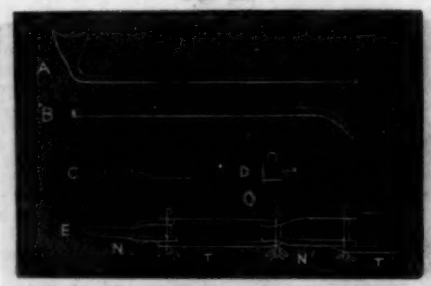
FIG. 61.



A A' A'', Three very convenient forms of ligature or "aneurism" needles. B, An instrument for introducing a nozzle into a vessel. (See text)

by Ludwig. It is a hook-like piece of steel, with a groove on the convexity of the hook. The point of the hook is placed in the vessel, and the nozzle is pushed along the groove into the vessel. The nozzle may be glass or silver; some persons like silver ones of this form (D, Fig. 62). These are supplied with Ludwig's stromuhr instrument. They are of various sizes. I prefer glass ones; they are so easily made, and, as they cost little, their loss is never much to be deplored. One should be provided with nozzles of many sizes, and somewhat pointed at the extremity which goes into the vessel, and slightly fusiform near the point, so that when tied in the vessel they may be easily retained there by a ligature (C, Fig. 62). These nozzles should be previously tied to short pieces of elastic tubing (T, Fig. 62). There should be a tolerably large glass nozzle fixed in the elastic tube of the kymograph (E, Fig. 60), so that the connexion may be easily made by slipping the elastic tube (T, Fig. 62) over this glass nozzle (N', Fig. 62). If coagu-

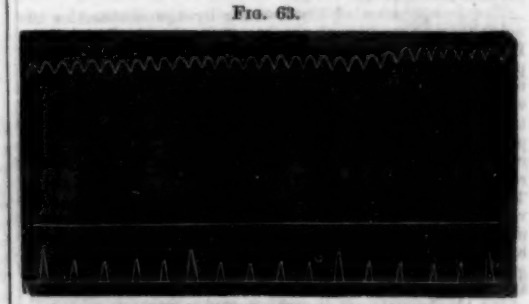
FIG. 62.



A, A hollow glass pen. The cup is filled with ink when required. B, Another form, consisting of a bent tube, containing a thread which is allowed to project for a very short distance beyond the pointed or writing end of the tube. This acts as a fine brush, and, moreover, draws the ink to the point. C, Glass nozzle for artery or vein. D, Silver nozzle for the same, taken from Ludwig's stromuhr. The narrow end is put in the vessel, and the end next B is joined to a tube communicating with the kymograph. There is an eye on the nozzle for tying it to the neighbouring tube. E shows connexion of the glass nozzle with the kymographic tube. N, Nozzle in artery. T, Elastic tube. T', Elastic tube of kymograph (E, Fig. 60). N', A glass nozzle permanently fixed in this. T can be readily joined to N' when the apparatus is used in experiments.

lation takes place, T (Fig. 62) is separated from N', and N and T are cleared with a roughish whalebone probe, or a spiral rod made by rolling a narrow slip of blotting paper after the manner of a paper match. The blood is just permitted to spurt out to see that all is clear, and then the blood is washed out of the tube by injecting soda solution. The kymograph tubes are then washed out by a stream of the soda solution, the tubes are joined again, and the experiment proceeded with. Curara, or other poison, is injected into the external jugular vein. This is generally much to be preferred to subcutaneous injection. [An experiment was then performed, and a tracing similar to Fig. 63 taken. See description of figure.] To ascer-

FIG. 63.



Tracing taken with kymograph. The upper line is the kymographic line, indicating the cardiac pulsations and the arterial pressure. The straight line in the middle is the abscissa line. This is produced by a pen fixed so as to indicate the position of the pulse-writing pen when there is no pressure being exerted upon the mercury at all. The blood-pressure is found by *doubling* the distance between this abscissa and the pulse line. It must be doubled because the mercury is in a U-tube, and the column is as much depressed in one limb as it is raised in the other. The time is registered on the lowest line. Each space between the peaks is a second. These seconds are produced by a pen connected with a metronome in a way afterwards to be described. For blackened paper the pitch-fork (Fig. 30, THE LANCET, Nov. 11th, 1871) may be employed.

tain the pressure, I take a triangle of cedar wood, such as artists employ; a millimetre scale has been pasted on the short vertical side. I lay the wooden triangle on the abscissa, and place its edge perfectly parallel with that line. I then read off the number of millimetres between the abscissa and the pulse line, and double the number to get absolute pressure (see description of Fig. 63). I almost always ascertain the *mean* pressure. This is done at any

point—of course taking the mean between the highest and the lowest. The mean pressure through a period of time, say twenty seconds, may be obtained by taking the highest and the lowest at a number of points, estimating the mean. The *number* of the pulse is accurately given by this instrument. To count the pulse accurately, I place the wooden triangle on the seconds line, and draw a vertical line to intersect the pulse and the seconds line. We then take a pair of compasses, open these to include say ten seconds on one side of our vertical line, and then pencil off the spaces on the pulse line immediately above the seconds whose breadth we took. We then count the wavelets in this interval. The *form* of the pulse is much better written by means of Fick's spring kymograph, or Marey's sphygmoscope, or the sphygmograph. The mercury, being heavy, has much inertia, and therefore acquires much momentum. On that account it is not suited for the transmission of delicate motions.

In the course of an experiment, say on the action of some poisonous agent upon the pulse and blood-pressure, I find it most convenient to draw a pencil line through the tracings whenever anything is to be noted. I write above the pencil line a letter *a*, *b*, *c*, and so on, and jot down in a book the notes under each letter. These are afterwards written in the proper places on the tracings. The results require to be tabulated. The following taken from my experiments on the vagus* may serve as an example:—

Experiment 45.—Strong rabbit fed at 11 a.m.; canula in carotid artery; trachea opened.

Times.	Pulse in 10 sec.	Mean Pressure in inches of Mercury.	General Notes.
1 h. 28 m.	...	...	8 milligrammes of atropia sulphate injected into the jugular vein.
1 h. 35 m.	46	3	
1 h. 37 m.	44	2·75	
1 h. 44 m.	...	...	2 milligrammes of curara injected into the vein. Artificial respiration adopted.
1 h. 47 m.	44	2·8	
1 h. 48 m. 30 s.	41	2·7	
1 h. 49 m.	...	...	Both depressor nerves divided.
1 h. 51 m.	42	2·8	
1 h. 52 m. 10 s.	...	...	Right vagus divided in the neck, &c.

We may further simplify matters by transferring the results to charts, such as those used for weather tables, and which are now so commonly used in clinical medicine. On these we may make one trace represent the numbers of the pulse, another the pressure, and a third the respiration. The respiratory movements are usually represented in the pulse line in such tracings. They may, however, be accurately written upon the same paper by means of a special instrument, to be afterwards described. These trace lines are made in this way: a series of dots, representing the numbers of the pulse, are put down in their proper places, and then these are joined by lines.

This mercurial kymograph is undoubtedly a most valuable instrument. It is used in every research where the influence of any toxic agent upon the vascular system is tested by experiments on the lower animals.

* Influence of the Vagus upon the Vascular System. Trans. Roy. Soc. Edin., 1870.

THE GERMAN UNIVERSITY OF STRASBURG.—This University will be opened soon after next Easter. The expenses are to be borne by the central administrative fund of Alsace-Lorraine, and will amount to the gross sum of £66,000, proportionally subdivided into £39,000 for salaries; £24,000 for travelling and organising expenses (once paid); and the rest for foundation scholarships. This University will accordingly rank between those of Leipzig and Heidelberg. Among the professors have already been appointed—Dr. Heine, from the Surgical chair of Inspruck; Dr. Leuckart, professor of Zoology at Leipsig; Dr. Leyden, from the chair of Clinical Medicine at Konigsburg; and Dr. Gusseron, professor of Midwifery at Zurich.

ON DYSPEPSIA OF LIQUIDS.

BY JOHN C. THOROWGOOD, M.D. LOND.,
ASSISTANT-PHYSICIAN TO VICTORIA-PARK HOSPITAL, AND LECTURER ON MATERIA MEDICA AT MIDDLESEX HOSPITAL.

THE cases here briefly recorded have seemed to me good illustrations of that indigestion of liquids which has been carefully described by M. Chomel, in his work on Dyspepsia published in 1857.

The affection, in its fully developed form, does not seem very common in this country, but during the last few years I have met with a few cases exactly corresponding to the description of the malady given by Chomel.

CASE 1.—James McC——, aged thirty, a pale, dark, intelligent man, came under my care September 14th, 1861, complaining generally of dyspeptic symptoms, and specially of the great uneasiness caused by the presence of any amount of liquid in his stomach. Liquids in the slightest degree acid were most distressing to him, and at intervals he had attacks of sour pyrosis. He complained much of dryness of mouth, with dry skin and costive bowels; urine loaded with lithates, but free from traces alike of sugar or albumen. No loss of flesh; pulse slow and soft; nothing irregular to be found in heart or lungs; no sort of tumour or thickening about pylorus of stomach, but on gently vibrating this organ, fluid was heard splashing about within it, and this sound could be always produced irrespective of any liquid recently drunk. The stomach was much distended. The early treatment of this case consisted in the use of alkalies, with bismuth and various bitters, but no improvement resulted; the only noteworthy feature was the effect of a pill of extract of opium at night, which regulated the action of the bowels so completely that the patient asked for the pills as *aperient* pills.

Often at his visits this man drew my attention to the quantity of liquid always present in his stomach, and at last we agreed that he should drink as little as possible, and take no other medicine than a powder of rhubarb and magnesia every morning. From this time he steadily improved, and after about two months' treatment he was let go cured, and six months afterwards was still in good health.

CASE 2.—A man aged fifty-three years, dark, sallow, and very hypochondriacal, had been dyspeptic for eighteen months, and had taken quantities of physic. He often has pyrosis, has large sodden tongue, costive bowels, and dry skin; urine dark in colour, specific gravity 1030, acid, and nothing abnormal chemically or microscopically. The indigestion of liquids was not so marked in this case as in the one preceding, but no medicine gave relief till the dry plan of diet was enforced, then he amended considerably, and I lost sight of him.

CASE 3.—A young healthy-looking man, aged twenty years, by trade a bricklayer, came to me complaining of faintness and palpitation of the heart, and said he had got water in his chest, for he could feel it. Examination of the chest showed the lungs and heart to be in every respect quite healthy; the stomach is large and dilated, and when he shakes the splashing noise of liquid therein is plain enough. He says he can produce this noise at any time. This patient has a dry skin; large sodden tongue; pulse 80; urine clear. No water-brash.

So far as treatment has gone during one month with alkalies, bismuth, and various tonics, little good has been done. The dry-diet plan is the only means of effecting a regular cure; but as this involves a pretty complete abstinence from beer, the patient can hardly be made to give it a fair trial. That the less he drinks the better he is however, is a fact already well proved.*

At first sight this sort of cases may appear of a pretty ordinary kind; but what I claim as their characteristic features are these:—They are cases of obstinate dyspepsia, marked specially by the discomfort of feeling the stomach always distended as with fluid, while the mouth is usually dry, thirst troublesome, and yet drinking always aggravates the discomfort. There is no acute pain, and the patient rarely gets thin. Movement of the patient produces that splashing noise or "*clapotement*," as Chomel calls it, sig-

* Since this paper was written this man has left my care cured; experience having taught him the value of the dry-diet plan.—J. C. T.

nificant of the presence of wind and water in the stomach; and this can be produced at any time by the patient. Lastly, there is the almost certain amelioration of the symptoms under the influence of the dry plan of diet; and till that is followed no medicine does any good whatever.

It is necessary to seek carefully for any organic disease, for if there be stricture or thickening about the pylorus it will not add much to the doctor's credit to promise a certain cure if the dry plan of diet is followed; relief there may be, but not cure. Chomel says of one of his cases: "J'ai vu un autre individu, atteint de dyspepsie des liquides, qui, en appuyant avec quelque force la main sur l'epigastre, faisait remonter dans sa bouche plusieurs onces d'un liquide aqueux; mais ce fait a été unique pour moi." I have sought to elicit this symptom in the cases recorded, and in others, but have not been able to produce it.

At times fits of fainting, with irregular action of the heart, are prominent symptoms in these cases of dyspepsia of liquids, the cause being due to the distended state of the stomach. Marked relief is obtained to these symptoms on the dry-diet plan, and this confirms the soundness of the practice of not allowing patients with heart disease to live much on liquids and slops, but rather to feed them on easily digested solids, such as mutton, chicken, boiled fish, and game. These are all forms of solid food, suitable in cases of dyspepsia of liquids. Milk does not seem otherwise than beneficial, but much of farinaceous or vegetable food should be avoided.

The patient must bear a certain amount of thirst as well as he can, and when he does drink must take but very small quantities at a time, and not drink for an hour or more after he has taken his meal of solid food. Weak whisky-and-water, sherry wine, and toast-and-water, are among the least objectionable drinks; and sometimes a small cup of pure beef-tea, free from any farinaceous admixture, will suit well. One of my patients found a wineglass of good stout to agree well, and relieve his thirst.

Compared with diet, medicine is but a secondary matter; but a dose of Gregory's powder in the morning, and a tonic mixture of rhubarb and tincture of nux vomica twice a day, I have found serviceable. Mild saline purgation I have tried, but its effects are very uncertain, relieving at times slightly, at other times adding decidedly to the discomfort, and it is not a method of treatment to be recommended. A pill of opium at night, when there is much nervousness and hypochondriasis, is certainly beneficial, and a pill of bitter extract or of galbanum and assafœtida twice a day may be used with advantage.

It is rare for the patients to emaciate, provided the case be uncomplicated. In one of Chomel's cases, however, he noticed a degree of emaciation that caused great anxiety, being an unusual symptom, and likely to indicate organic visceral disease. The dry regimen was enforced, and the lady got quite well, though any over-indulgence, even in such a fluid as plain water, would be followed by return, in some degree, of the unpleasant symptoms.

Welbeck-street, Feb. 1872.

CASE OF AVULSION OF THE RIGHT ARM AND SCAPULA.*

By J. J. CHARLES, M.A., M.D., M.Ch., &c.,
DEMONSTRATOR OF ANATOMY, QUEEN'S COLLEGE, BELFAST.

THE following case is instructive, as exhibiting the extraordinary powers of nature in sustaining life after severe mutilation.

On Sept. 14th, 1870, I was called to Tintagh, about six miles from Cookstown, Co. Tyrone, by Dr. Otterson, of Moneymore, to perform an operation on a boy, named Stephen M——, who had met with an accident in a scutch mill. The patient was ten years of age, and of a healthy constitution. About 11 A.M. he was carelessly handling the wooden rollers in the mill, when, his right hand having been caught between them, the limb was dragged in, and almost completely torn from his body before the machinery could be stopped. Considerable hæmorrhage was said to have occurred, but I have good reason for doubting the statement. The boy was carried to a neighbouring house, as his home was at a considerable distance.

On examination at 4 P.M. the boy was found cold and weak, yet suffering less than might have been expected from either pain or constitutional depression. The right limb presented a frightful appearance. The integument was stripped from a considerable portion of the side of the chest and front of the shoulder, leaving a large and very irregular wound, which extended downwards from the acromial end of the clavicle for several inches. But the soft structures behind the shoulder-joint served to keep the limb still attached to the trunk, and, strange to say, were remarkably free from injury. The greater part of the upper third of the humerus and the whole of the scapula were torn away, and some of the boy's friends stated that several pieces of bone were seen lying on the floor of the mill beside the rollers. The outer extremity of the clavicle, having lost its scapular attachments, projected from the wound; and the axillary vessels and nerves were torn across at distances varying from one to three inches below the first rib. The pectoralis major muscle, which, at its outer part, lay fully exposed, as if it had been dissected, was intact, and its tendon still remained firmly connected with the outer bicipital ridge of the humerus, which had been detached from the rest of the bone; thus affording very strong evidence of the intimate union subsisting between tendinous fibres and the bone into which they are inserted. The lower part of the humerus, and the radius and ulna, as well as many of the bones of the hand, were extensively comminuted; while the soft parts covering them were contused and lacerated to a shocking extent.

The patient having been partially chloroformed, the limb was separated from the body by cutting as large a flap as possible from the soft structures which had covered the scapula and the outer part of the shoulder-joint. The cords of the brachial plexus were then cut short; and the axillary vessels, though already occluded by the natural process, were ligatured, and about an inch of the protruding end of the clavicle sawn off. After "trimming" the soft parts, the large flap was attached to the integument on the front of the chest by means of four sutures and a few strips of adhesive plaster. Lastly, the wound was covered with water dressing, there being no carbolic acid at hand. Directions were given to keep the dressings in a cool and moist condition by the occasional application of cold water.

On the next day (Sept. 15th) the boy's parents, being desirous of having their son more immediately under their own care, conveyed him home without our permission. He was taken on a cart over a hilly road, a distance of more than two miles. During the journey wine had to be given him on several occasions to prevent syncope.

On the following day (Sept. 16th) he was much improved. Carbolic-acid lotion was now applied by Dr. Otterson to moisten the dressings.

Sept. 18th.—To-day, in company with Dr. Otterson, I visited Stephen M—— for the first time since the operation. He was in moderately good spirits, and complained of little save want of sleep. Tincture of opium ordered to be given at night if required. The wound was granulating freely, though the edges were in some places quite black. The parts in the neighbourhood were considerably swollen, and some portions of the skin presented an unhealthy blush. Most of the sutures were removed; but the ligatures, not being easily detached, were allowed to remain on the vessels. One strip of adhesive plaster was carried across the middle of the wound to prevent retraction of the edges; and pieces of lint, moistened with carbolic acid, were applied. After this I saw no more of our patient; but I have learned from Dr. Otterson that, about three weeks after the operation, he had almost regained his strength and activity, and that the wound was nearly healed. I hear that he is at present attending school.

A case almost precisely similar to the above is described by Dr. King, of Glasgow; and in his paper he alludes to three others of a like character.* Sir W. Fergusson, in his excellent work on "Practical Surgery," gives an interesting account of the nature and treatment of such accidents, and refers to most of the cases which have been recorded.†

* Read before the Ulster Medical Society, Feb. 3rd, 1872.

* Cormack's Monthly Journal of Medical Science, p. 90, 1845.
† System of Practical Surgery, p. 302, 1870.

CONIUM IN THE TREATMENT OF ACUTE MANIA.

BY J. CRICHTON BROWNE, M.D., F.R.S.E.,
MEDICAL DIRECTOR, WEST RIDING ASYLUM.

(*Concluded from page* 183.)

WITH the view of determining the relative duration of cases of acute mania treated with conium and with other remedies, I have contrasted twelve cases from each category. As the result of that contrast, I find that twelve consecutive cases treated from the first with conium, admitted subsequent to Feb. 25th, 1871, and since discharged recovered, had an average duration, as measured by residence in the asylum, of 102 days; whereas twelve consecutive cases treated with other remedies, such as bromide of potassium, cannabis indica, chloral, and digitalis, admitted subsequent to October 1st, 1870, and since discharged recovered, had an average duration, as measured by residence in the asylum, of 150 days. This shows a balance of 48 days in favour of conium. It will be seen, from the cases reported below, that when conium was used, that period of convalescence which it is thought prudent to interpose between the date when recovery might be called complete and the date of discharge from the asylum was in no instance unusually shortened. In some cases it might be thought that it was unnecessarily prolonged. So rapid and decisive were the beneficial effects of the remedy that it was feared at first they might prove transitory, and that, as is not seldom the case when recovery is sudden, a relapse might be looked for. Experience having now taught that this fear is groundless, a considerable curtailment of the term of medical supervision may be henceforth safely conceded. Indeed, so prompt is recovery, as a rule, under the conium treatment, that it appears that the necessity of removal to an asylum may be obviated in some cases of acute mania if it is had recourse to, and judiciously conducted, in their initial stage.

The curative effects of conium in acute mania are not limited to those cases in which that remedy is used from the outset of the disorder. Eight patients in this asylum in whom other methods of treatment had been first employed have derived marked advantage from the substitution of conium for other drugs.

To indicate the value of conium in acute mania more conclusively than can be done by general statements or numerical results, I have drawn up epitomes of some of the cases in which its therapeutical worth has been clearly exemplified in this asylum. Before adding these epitomes, I have only to express my conviction that the conium treatment of acute mania will speedily recommend itself, to those who use it rightly, as the most efficacious mode of dealing with that form of mental disease. In order, however, to secure its benefits, two conditions must be observed: firstly, the preparation used must be good and active; secondly, the doses administered must be adequate in amount. The succus conii is certainly the most trustworthy preparation of the drug, and is that which has of late been used exclusively here. Even the succus, however, varies in activity in an extraordinary degree. Some of it is absolutely inert. That which has been found most reliable by me has been obtained from two of the London houses named by Dr. Harley, from an Edinburgh and from a German firm. As to the doses required, I can strongly corroborate Dr. Harley's assertion, that they must be sufficient to produce the physiological action of the drug in order to prove beneficial in disease. I can also support his conclusion, that the effect of conium is inversely as the motor activity of the individual to whom it is given. This being so, it must be evident that in acute mania, in which motor activity is at a maximum, very large doses will be essential. I have given a woman labouring under acute mania as much as two ounces of succus conii at one dose, and have repeated this every four hours for two days. This was, however, an extreme case, and the patient had been gradually habituated to the use of the drug. As a rule, I have commenced with two drachms of the succus for a woman, and three drachms for a man; and have rapidly increased the dose until I have noticed some cessation of restlessness, or signs of lassitude or weakness of the limbs. It is rarely that a dose of one ounce or ten drachms requires to be exceeded; and sometimes improvement begins with the very first administration, in which case no increase of quantity is necessary.

CASE 1.—Lydia F——, aged thirty-five, housewife, from Barnsley, admitted March 31st, 1871, having been insane for one month. Is a member of a family of drunkards; her sister hanged herself. When admitted she was in a state of violent maniacal excitement and great exhaustion, groaning, shouting, and struggling; pupils dilated and unequal; face flushed; refuses food, and is sleepless. Ordered succus conii, two drachms three times a day.—April 2nd: Much quieter; takes her food and sleeps well.—4th: Perfectly calm, and employs herself in sewing; pupils contracted and sensitive.—May 16th: Discontinue medicine.—June 20th: Is passing through a protracted stage of slight dementia characterised by loss of memory and energy.—Aug. 22nd: Discharged recovered.—Weight: March, 100 lb.; April, 115 lb.; May, 124 lb.; June, 139 lb.; July, 138 lb.; August, 141 lb.

CASE 2.—Sarah S——, aged thirty-seven, married, housewife, from Doncaster, admitted April 24th, 1871. Has been intemperate; became insane a week ago. Is in a state of extreme maniacal excitement; talkative, restless, and violent; pulse 120; pupils of average size, but sluggish; tongue and lips dry and covered with sordes; muscles hard and rigid. Ordered two drachms of the succus conii three times a day.—May 8th: Quiet and rational; pupils widely dilated; pulse 80.—11th: Convalescent. Discontinue conium.—July 7th: Discharged recovered.—Weight: April, 94 lb.; May, 94 lb.; June, 106 lb.; July, 112 lb.

CASE 3.—Lavinia B——, aged thirty-five, widow, domestic servant, from Huddersfield, admitted April 25th, 1871. Had a previous attack nine years ago. No cause known for present attack, which commenced a week ago. Is highly excited, shrieking, whistling, and fighting; sleepless, and requires to be fed. Ordered half a drachm of tincture of cannabis indica and a drachm of bromide of potassium thrice daily.—April 29th: No better; is very noisy, and has not slept since admission; kicks and bites all who approach her; face and ears much flushed; pupils contracted; eyes injected; lips and tongue dry; pulse 126. To omit previous mixture, and take two drachms of succus conii every four hours.—30th: Quieter; face less flushed; pulse 92.—May 1st: Has slept well all night, but is again greatly excited; takes her food well. Ordered four drachms of the succus.—2nd: Has again slept well, and is now much quieter. To take the conium only twice a day.—4th: Quiet, but confused in her ideas. Complains of pain, weakness, and numbness in her limbs.—6th: Convalescent.—July 5th: Discharged recovered.—Weight: May, 126 lb.; June, 128 lb.

CASE 4.—George H——, aged twenty-four, married, labourer, from Hunslet, admitted June 3rd, 1871. Was never before insane. Was attacked three days ago, and has since been violently excited. Is fiercely maniacal; very restless and combative; assaults those around him; shouts out oaths and blasphemies; fancies that he is to be buried alive and is fighting with the devil; strips himself naked and destroys his clothes. Is a stout robust man, and enormously strong, florid complexion, brown hair, which stands out from the head as if bristly; muscles start and tremble as if from eagerness; conjunctivæ injected; mouth dry; pulse 108.—June 4th: Has passed a restless night and is most unmanageable. To take three drachms of succus conii every four hours.—5th: Still maniacal. Five drachms of conium every four hours.—6th: Much quieter, though still unable to converse; restless, and given to strip himself.—8th: Quiet and rational.—14th: Convalescent; complains of a strange feeling of lightness in the back of his head, and of general weakness. To omit the medicine.—August 24th: Discharged recovered.—Weight: June, 167 lb.; July, 165 lb.

CASE 5.—Elizabeth R——, aged forty-seven, housewife, from Wakefield, admitted June 3rd, 1871. No previous attack. Has been insane three weeks. Was first depressed for a fortnight, then excited. A maternal aunt died in this asylum. Is violently excited, raving incoherently. Has not slept for some time, and has refused food. Face flushed; tongue red and raw; fed with the stomach-pump; two drachms of succus conii being administered by that means also.—June 4th: Has had several hours' sleep, and is more tranquil; answers intelligently, but cannot keep her atten-

tion fixed; takes her food. To have three drachms of succus conii thrice daily.—5th: Is more excited, very garrulous and mischievous; bowels confined.—6th: Has slept well during the night, but is still excited and restless. To take four drachms of the succus conii every four hours.—7th: Much more composed; talks rationally, but voluminously.—23rd: Convalescent.—July 23rd: Discharged recovered.—Weight: June, 120 lb.; July, 130 lb.

CASE 6.—Joseph H——, aged thirty-five, married, blacksmith, from North Brierley, admitted March 7th, 1871. His father died of paralysis; a paternal uncle and aunt were insane. Has suffered from domestic anxieties. Became excited eight days ago, after ten days of sullenness and depression. Is very restless and talkative; cannot remain still for a second; says that he is St. Paul. Is in fair bodily health; neck bears marks of recent blister.—March 18th: Extremely violent. To take six grains of ergotine thrice daily.—23rd: The excitement has passed off, but the patient is silent and stupid.—30th: Still quiet. To omit medicine.—May 22nd: Has again become dangerously excited. To repeat ergotine.—June 11th: No better. This morning he sprang out of bed naked, and jumped through a glass door without so much as scratching himself. Ordered to leave off ergotine, and to take four drachms of succus conii thrice daily.—13th: Declined food and medicine, and remained maniacal until last evening, when he was fed by means of the stomach-pump, the succus being given at the same time. Passed a better night, and is now more tranquil; takes food and physic voluntarily.—15th: Much improved.—16th: Comparatively rational; quiet in his demeanour.—Aug. 18th: Is slowly recovering from a state of partial dementia.—October 3rd: Discharged recovered.—Weight: April, 134 lb.; May, 130 lb.; June, 133 lb.; July, 133 lb.; August, 137 lb.

CASE 7.—Maria P——, aged thirty-seven, married, housewife, from Saddleworth, was admitted on June 5th, 1871. Has had two children, the youngest of whom is now seventeen years old. No heredity; of temperate habits. Was under treatment in this asylum for an attack of acute mania from February 17th to October 9th, 1867. Grew excited eight days ago, after a short period of depression. Is now wild and ungovernable, dancing, singing, and raving. Seems to delight in movements and gesticulations, and puts forth much strength if interfered with. Ordered two drachms of succus conii every four hours.—June 6th: Half an hour after taking the medicine she becomes lethargic, then drowsy, and remains so for an hour. If roused, however, she is as noisy and exuberant as ever. Pupils of average size and equal; pulse 110; face pale.—7th: Quieter than when admitted, but when disturbed breaks out into maniacal excitement; any noise increases her vehemence.—16th: Quiet, but mischievous in a good-humoured jocular way; becomes excited whenever there is the least noise in the ward.—July 2nd: Has gradually calmed down. To omit the medicine.—August 8th: Quite convalescent.—30th: Discharged recovered.—Weight: June, 106 lb.; July, 126 lb.; August, 145 lb.

CASE 8.—Fanny D——, aged thirty-five, married, housewife, from North Brierley, was admitted May 8th, 1871. Her youngest child is fifteen months old. The violent death of a brother has preyed on her mind. A week ago she became suddenly excited, and has since been uninterruptedly noisy, violent, and destructive.—9th: Very noisy; talks incessantly and incoherently, and attitudinises. There is a diastolic murmur at the base of the heart. She is greatly emaciated, but active and vigorous. Ordered three drachms of succus conii thrice a day.—12th: Now composed and rational.—23rd: Convalescent.—June 2nd: Slightly despondent.—July 25th: Again quite convalescent.—Aug. 1st: Discharged recovered.—Weight: May, 104 lb.; June, 107 lb.; July, 114 lb.; August, 122 lb.

CASE 9.—Ann S——, aged forty-five, single, housewife, from Bradford, was admitted May 12th, 1871. After slight mental depression of a year and a half's duration, she became excited ten days ago. Is now talking perpetually in a loud, harsh voice, and will not remain in one place. She apparently understands what is said to her, but replies in unintelligible jargon. Face and head much flushed; pupils contracted; pulse 90; skin cool; tongue very foul. Ordered two drachms of succus conii every fourth hour.—16th: Still very maniacal; requires to be fed with the stomach-pump. The dose of succus conii to be increased to four and then to six drachms.—18th: Now takes her food voluntarily; is much quieter, but talks incoherently.—19th: Quite rational; medicine only twice a day.—23rd: Improving. To omit the medicine.—June 20th: Convalescent.—Sept. 4th: Discharged recovered.—Weight: May, 112 lb.; June, 126 lb.; July, 130 lb.; August, 137 lb.

CASE 10.—Elizabeth H——, aged forty-three, married, housewife, from Huddersfield, admitted May 30th, 1871. Was insane for a short time three years ago. Has had six children; the youngest is now five years old. A brother and one of her own children have died of epilepsy, and one sister has had puerperal mania. The present attack commenced eight weeks ago, and has been characterised by gradually gravescent excitement.—31st: Excited and out of bed all night. Will not answer questions, and is very restless and fidgety. Fairly nourished. Skin of the face and forearms bronzed. Ordered two drachms of succus conii three times a day.—June 1st: Has been quiet during the night, and continues so this morning.—9th: Convalescent.—Sept. 12th: Would have been discharged some time ago, but has been detained with her own sanction because of an attack of hepatic disease.—Nov. 7th: Discharged recovered.—Weight: June, 124 lb.; July, 132 lb.; Aug., 131 lb.; Sept., 134 lb.; Oct., 131 lb.; Nov., 135 lb.

On a future occasion I hope to have an opportunity of recording the results obtained in the treatment of certain mental diseases by conium in combination with opium and hyoscyamus.

January, 1872.

A CASE OF

DISEASE OF RIGHT INTERNAL EAR AND RESULTING ABSCESS IN THE BRAIN.

BY A. O. HASLEWOOD, M.R.C.S., L.S.A.

MR. H——, aged forty, called on me on May 9th. For the last five or six years he has had a running from his right ear, with occasionally slight bleeding. The discharge would from time to time cease for a week or so, and this cessation was always followed by increased distress in the head and a slight eruption of herpes, which disappeared as the ear resumed its discharge. Memory defective; difficulty in concentrating his attention for long upon any subject; often asks questions, and, before he can be answered, will start another and quite different topic; staggers in his walk, so that he has been thought to be in liquor when quite sober; feels very giddy, and has occasionally a feeling as if he was turning round; has had constant pain for the last eighteen months; extremities cold; can't take wine or spirits, as they "fly to the head." He had a fall from a horse some years ago, and in the summer of 1867 had a slight sunstroke. Has had a slight purulent oozing from a minute orifice at the back of his head; this never continues long, but is constantly recurring at intervals of a few weeks. Pulse 80; bowels regular; has had no sound sleep for months. I put him on the iodide of potassium (five grains) and decoction of chinchona; the ear to be gently syringed every morning with warm water containing one-fortieth part of carbolic acid.

He improved considerably under this treatment. I may here say that there was no history of syphilis. He has been married twelve months, and has a child a few weeks old.

On May 20th, feeling very well, he undertook, without my knowledge, a long drive in a hot sun. He was much exhausted on reaching home, and in great pain and feeling drowsy. He rallied with rest and restoratives. Iodide of potash and chinchona decoction to be continued.

June 7th.—Severe neuralgia, with deep-seated pain in head. This was much relieved by the application of leeches and dry-cupping, and an increased dose of iodide of potash at bedtime (fifteen grains).

9th.—Had a consultation with Mr. Beever, of Manchester, who confirmed the serious diagnosis which I had formed. He ordered him a mixture of calomel, potassio-tartrate of antimony, and opium, in the form of pill, to be taken every four hours, with chloral at bedtime; also to continue poultice to the ear, and to have a small blister behind the ear every third day.

12th. — Called to patient at 4 A.M. Found him suffering great pain in ear and back of head—throbbing, bursting pain. Cupping to four ounces gave him great relief. An aperient draught was given him, and the room ordered to be kept dark.

14th.—Better. To take one grain of quinine twice a day, and to have beef-tea. Discharge in ear diminished.

16th.—Severe pain in right side and back of head. To be dry-cupped, and to have an injection, as the bowels are rather confined, with a calomel and colocynth pill. In the evening he was drowsy, and quite comatose by 11 P.M., with muttering delirium, eyes very prominent, and sweating profusely. A large blister was put over the shaven scalp, which rose well, and he was decidedly less insensible in the morning.

17th. — In the evening of to-day a copious discharge of offensive green matter welled up from his ear. He has all along been unable to lie on the affected side.

20th. — Patient fairly sensible again; discharge continuing.

23nd.—A friend of the family brought down Mr. Christopher Heath to see the patient. Mr. Heath advised trephining the back of the head, as the pain was greatest there. This was accordingly done, and to the patient's relief. The piece of bone removed was healthy, and very thick. An incision was made behind the ear. Ordered one tablespoonful of the following mixture every four hours: one-sixth of a grain of bichloride of mercury, half a drachm of iodide of potassium, and six ounces of decoction of chinchona. To go on with beef-tea: continue poultice to ear; trephine wound to be dressed with simple dressing, and incision behind ear to be kept open.

23rd.—Has had more sleep, and feels better.

He continues to improve, and was much better on July 9, when he was seized with pneumonia of the middle and upper lobes of the right lung. This placed him in a very precarious condition, from which he recovered however. On July 16 he was rambling again, and had severe pain in head. During the pneumonia the discharge from the ear was almost entirely suppressed.

July 19th.—Severe diarrhœa. Trephine wound has discharged venous blood on to the dressings for some mornings past.

23rd.—Feverish, but feels better.

26th.—Passed a lumbrical worm eleven inches long.

28th.—Bedsores threatening. He has been on a water-bed for last three weeks.

29th.—Great pain and drowsiness; discharge from ear still very slight.

30th.—Very ill; comatose; delirium; eyes prominent; great perspiration.

31st.—Death took place at 6 A.M.

Autopsy forty-eight hours after death.—Great swelling of head and face; skull thick and dense. On reaching the inside of the skull, the petrous portion of the right temporal bone was of a dark bluish-green colour at and about the internal auditory meatus, and right through from the outer ear. On sawing into the petrous portion, it was found more or less filled with a cheese-green pus and carious bone. The portion of the middle lobe of the right hemisphere of the brain resting against the diseased bone was occupied by an abscess containing an ounce of thick yellow pus. The brain in the neighbourhood of the abscess was much softened. There was no disease in any other part of the brain. Some small tubercular deposits were found on the inner surface of the dura mater. The extent to which the disease had gone, as revealed by the autopsy, is quite sufficient to account for the failure of all means for effectually relieving the patient. At the same time, it is very instructive as to the propriety of ceaseless watching being kept up in cases where there are such unequivocal symptoms of some severe lesion of the brain as were present in this case.

Castleton, Derbyshire, 1871.

PATRIOTISM IN FRANCE.—The Medical Society of Paris have resolved to give up their annual dinner, and pay over the usual subscriptions to the fund forming to satisfy Prussian demands. The pupils of the military hospital of Val de Grâce (about 300) have agreed to forego, monthly, one day's pay for the national subscription.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

EXTRAORDINARY CASE OF FEIGNED DISEASE:
HEMIPLEGIA, TETANUS, ETC.

(Under the care of eleven different hospital physicians and surgeons.)

WE propose laying before our readers this week probably the most extraordinary case on record of malingering which has been successfully carried out in a great number of the metropolitan, and as many possibly of the provincial, hospitals.

The subject of our remarks has succeeded in deceiving many physicians and surgeons of great eminence; and this is the more extraordinary as the disease which he simulated is one which is usually regarded as among those which it is impossible to assume for any length of time. Who would have believed in the possibility of simulating tetanus for a week or ten days or more; and this, too, without apparently any motive sufficient to warrant the immense amount of fatigue and annoyance to which he was necessarily subjected—restless days, sleepless nights, and a variety of treatment such as many are unwilling to submit to even for the relief of real and serious ailments. The main cause of the repeated success of his deceptions seems to be the skill with which he has concealed his motive (if any).

He is a well-educated, clever, intelligent man, and has some knowledge of Latin and Greek, as well as of modern languages. He usually pretends to be a medical man; sometimes he represents himself as an engineer, and on one occasion, when he figured in a police court, he described himself as a chemist. The only profession which he really seems to follow, however, is that of a swindler. *He is a stout, good-looking, short-necked man, reminding one rather forcibly of the pictures of Henry VIII. His hair is dark-brown, short, and curly; and he has the scar of a carbuncle in the cervico-dorsal region of his back. Age about forty-three.* If he should be at present an inmate of any London hospital, we shall be happy to come and identify him. The previous history he gives of himself is always plausible: sometimes he has fallen from a height on to his head; at others he has been thrown from his horse; and on one occasion he asserted that the beginning of his misfortune was a fall into the engine-room of the *Great Eastern* as she was coming up the Medway after her successful voyage of 1866. His name varies, being Masson, Mason, Edward Smith, Leake, or Teake, with or without the prefix of "Dr."

We have obtained more or less information concerning his visits to the following hospitals:—St. Bartholomew's (twice), University College (twice), Middlesex, St. George's, Charing-cross, and St. Bartholomew's Hospital at Chatham. His stay has usually lasted about a fortnight. The case has always excited the greatest interest both in professors and students; and the notes (of which we have perused some dozens of pages) have always been taken with that care and voluminousness which the rarity of the case demanded. On one occasion he formed the subject of a short clinical lecture on "Arachnoid Hæmorrhage"; and more than once he has been attended all night by a diligent student, who carefully recorded all the attacks of spasm, &c. The variety of treatment to which he has been subjected is remarkable. Opium and morphia have been put into his stomach, up his rectum, and beneath his skin. Calabar bean, belladonna, bromide of potassium, iodide of potassium, chloroform, and the hydrate of chloral have all been administered in enormous quantities. Ice-bags have been applied to the spine and head, and in two hospitals the ether spray was made use of to cool his back. This seemed to check his spasms very effectually; so we may conclude that the process was

painful. On one occasion the ether caught fire, and his back was consequently slightly singed. The accident was followed by a marked improvement.

After about a fortnight the anomaly of his symptoms began usually to excite suspicion in some of those about him, and as soon as anyone within ear-shot made use of the word "sham," our friend decamped, usually with much bluster, declaring he had been egregiously maltreated and disgracefully insulted. In one instance he had the impudence and audacity to bring a charge before the weekly board of the hospital to the effect that one of the physicians had accused him of shamming, and he actually appeared in person and argued his case. His symptoms were usually those of hemiplegia, with great rigidity of the paralysed muscles, and tetanic spasms of the opposite side. On one occasion, he presented all the appearances of true traumatic tetanus, and the surgeon under whose care he was at this time said he could hardly discover a flaw anywhere in his imitation. During one of his series of simulations a very large and painful carbuncle formed on the back of his neck, and his life was really endangered, his pulse being 150. He was evidently alarmed at his condition, and his strength was much reduced; and *yet he never forgot his opisthotonos*, but pertinaciously ground his carbuncle against his pillow. On looking back at the case, there are to be found several symptoms which were noted as anomalous at the time, and which, had the patient been a claimant for damages in a railway case, would undoubtedly have led to his detection. His simulations, however, on the whole, were, as will have been gathered, truly marvellous. At one time his temperature was 102° F., and it was not till after he had left the hospital that it was discovered that he had held the bulb of the thermometer close to the flame of the candle, and had thus succeeded in inducing the mercury to register a high degree of fever.

It is most remarkable to observe, as we have done in tracing out his history, how he gradually perfected himself in his lesson. At one hospital it was remarked that his tongue was not paralysed quite as would be expected from the other symptoms; and after that he could seldom be induced to protrude it, or, at the most, was only able just to show the tip of it. Another time the observation was made, that although there was a history of a fall on the head, there was yet no sign of any injury, past or present, to be detected, and we accordingly find that when he next performs his part there is a scar upon the scalp. Again it was observed at one hospital that, notwithstanding the tetanic convulsions of his limbs, his abdominal muscles were lax. This lesson was not lost, and when he next has tetanus his abdominal muscles are "as hard as boards." At one hospital he made proposals of marriage to a nurse, and in this way he enlisted her on his side, got her to supply him with money, and managed to avoid taking medicine. He generally was provided with a private ward, and his condition being usually one that required "keeping up," his supply of stimulants was liberal.

On July 27th, 1868, we find him admitted to a well-known hospital, where he was placed (in a private ward) under the care of one of our first physicians. He had fallen down in a fit (having previously felt giddy), and, with the assistance of two men, had managed to stagger to the hospital. After his admission his symptoms got gradually worse, and on the following day he presented all the appearances of a case of left hemiplegia. On this occasion he went by the name of Dr. Leake. He stated that he was a near relative of Dr. Marshall Hall, and attributed his condition to a fall from his horse two years before, since which he had never been well. Two or three days after his admission he became affected with convulsive spasms of the paralysed side. Among other notes in the case-book we find this, which was dictated by the physician who saw him, and who saw him only this one time: "On protruding the tongue it goes over *singularly much* to the left; when withdrawing it he uses the left side of it." With regard to this visit, we have heard from the resident officer who had the immediate charge of him that the gradual onset of his symptoms, from slight at first to the most grave in the end, was admirably assumed, and was so like the book description of "ingravescent apoplexy" that the idea of imposture seemed really absurd. He left suddenly, being turned out for misbehaviour by one of the assistant-physicians, whose conduct in the matter excited great indignation in many of the resident students. Before leaving, he managed to negotiate the loan of a sovereign with the resident officer who had the care of him. After his discharge, he had the impudence to write the following letter to the same gentleman:—

"My dear ——: I was taken so bad in the cab that to reach St. Thomas's was quite impossible; in fact, for two hours my life was despaired of. I ordered the cabman to drive here, to the house of a professional friend. He is thoroughly disgusted with the conduct of Dr. ——, and is going to publish the case in all the London newspapers. As he is senior physician to one of our metropolitan hospitals, and also one of the Court of Examiners, he has requested me not to mention his name to anyone belonging to your hospital, as he says it is better not, as he insists on my bringing an action against the (A) Hospital for malpractice by one of its servants. Do not think he wishes me to do so for the sake of money, as whatever damages a jury may give will be handed over to the (B) Hospital. He is kindly going to take me down to Southend to-day in his carriage, where his family are stopping, as he thinks that complete change of scene will do me a great deal of good. I shall never forget the kindness I received from you. I will send you a post-office order directly I receive a cheque, which I expect to-day. Give my thanks to Susan; she is a most worthy young woman, and far too good for the place she is in. I shall write to you to-morrow or the next day. I have been obliged to get one of his children to write this. The carriage has just come to the door, and I shall lie full length on a spring mattress. I must now conclude, as he has just entered the room and ordered me to give over bothering myself, as he has just come back from placing the matter in the hands of his solicitor. A footman has just entered to assist me to the carriage, so I must say good-bye.—I am, dear Sir, yours faithfully, E. S. L."

This same year a Dr. Leach, who had fallen down in a fit near St. Paul's-churchyard, was taken to one of the hospitals in the neighbourhood. After his admission symptoms of paraplegia showed themselves. Being a medical man in distress, his case excited a good deal of sympathy; and his immediate wants, both in clothes and money, were supplied by charitable friends.

We again find him an inmate of one of the London hospitals on March 20th, 1870. As he was walking from his house in Camden-town he had fallen down, and had managed with the help of a policeman to drag himself to the hospital, where complete symptoms of hemiplegia gradually came on. He had his usual course of hemiplegia with spasms, and left on May 23rd. His name on this occasion was Edward Masson.

On the 18th of August of the same year, Edward Smith, surgeon, was admitted to a provincial hospital. He stated that he had had a fit not far from the hospital, and had been picked up by a soldier. He presented well-marked symptoms of hemiplegia on the right side, with rigidity of the paralysed limbs. In five days' time he said he felt much better, and wished to go to London. He accordingly left the hospital and was seen on the same day by the hospital porter walking, perfectly well, about the streets. A nurse further stated that she had watched him through a crack in the door, and had seen him move his paralysed arm. As he was destitute the medical officer had considerately paid his fare to London.

On November 26th, 1870, Edward Jeake, describing himself as a chemist, was brought up before Mr. KNOX, at Marlborough-street, charged with obtaining a charitable contribution by false pretences from the Westminster Committee for Organising Charitable Relief and Repressing Mendicity. The prisoner (of whose identity with Mason, Smith, &c., there can be no doubt) received three months, with hard labour.

On October 13th, 1871, Edward Smith, an engineer from Newcastle, who had come to town to attend the meetings then being held with respect to the great strike, fell down in the street, and was taken to one of the central hospitals of London. His case excited the usual interest. There was complete right hemiplegia, and considerable tetanic spasm, affecting chiefly, but not entirely, the paralysed side. It is certain that for two or three nights he scarcely slept at all, as he was seldom left without someone to watch him. He stated that six years previously he had fallen forty feet on to his head, and had struck the left side of it. There was no sign of any former injury to be detected. He

appeared a well-educated man, and *apropos* of a remark made by one of the medical officers as to the rare nature of his attack, he ejaculated "*Nigroque simillima cygno.*" He stated that he had seen better days; that he had studied medicine, but in consequence of habitual dissipation had "gone to the dogs." Just as he was apparently "mending" a little he picked a quarrel with another patient, and left the hospital suddenly in a huff, on the 4th of November, and was seen by the house-surgeon, who watched him from a window, to walk without difficulty down the street. On this occasion he had the audacity to go to the private residence of the physician under whose care he had been, and make a complaint as to the conduct of some of his co-patients who had been in the same ward with him. On this occasion, as well as upon another, it was remarked that the "risus sardonicus" was particularly well assumed.

We next find him at a hospital, where he was admitted for ordinary hemiplegia, in the middle of November, 1871. His success on this occasion was truly marvellous. He represented himself as Dr. Smith of the Indian army, and attributed his symptoms to a fall from his horse three months before. He had been in England only a few months, and part of this time, he stated, he had acted as resident medical officer to the Northampton General Infirmary. He further represented himself as a near relative of the late Dr. Marshall Hall. He had a private ward, and so ingratiated himself with the medical officers and the resident students, that he was in the habit of addressing the former familiarly by their surnames without any prefix, and usually managed to have a snug whist-party of an evening. While here a carbuncle formed on the back of his neck, and no sooner had this formed than tetanic symptoms began to show themselves. The interest taken in him redoubled, and the notes in the case-book are most exact and careful. The ophthalmoscopic examination of the optic discs failed, however, to throw much light upon this extraordinary case. His carbuncle, which was very large, was opened by two cross incisions of considerable length and depth, and it is right to add that on this occasion no chloroform was used. The pain was borne heroically by this unfortunate "professional brother"; but, sad to relate, the operation was followed by a considerable exacerbation of the symptoms, and all feared that the end was not far off, and, in point of fact, he was at this time really seriously ill. The help of the chaplain was called in, and the unfortunate patient viewed his approaching end with calmness and true Christian fortitude. He proceeded to settle all his worldly affairs, and, with the chaplain's assistance, managed to communicate with some of his business agents, and received answers from them on paper bearing various official marks, and in handwritings that are only to be met with in offices east of Temple Bar. He made his will, too, and we have been favoured with a sight of this instrument, which was taken for our inspection from the drawer where it had lain since its execution. It was carefully sealed and docketed in true official manner "Dr. Smith's Will." He had appointed the Council-board of India to be his executors, and expressed a hope that "in consideration of his long and faithful services in India," the said Board would have an eye to the welfare of his son and three daughters who were left to deplore their father's loss. His family being provided for, he next thought of the institution where he had received so much benefit, and left twenty-five guineas to the physician's assistant who had had charge of him "to purchase a ring or other memorial," and £150 to the hospital; the said legacy to be free of legacy duty, "and to be paid out of such part of my personal estate as by law can be appropriated for charitable purposes." In return for so much consideration, the hospital authorities naturally looked after his comforts. Any amount of the best wine and brandy was allowed him, and a special messenger was despatched to Birch's, of Cornhill, to procure soup, which, we are informed, was not *real* turtle, but, as was highly appropriate, the very best *mock* that money could procure. How long he might have carried on this imposture it is impossible to say, but, unfortunately, one of his previous dupes, happening to visit the hospital, exposed him. He was accused of being an impostor; whereupon he waxed wrath, and at once, in a fit of indignation, left the hospital, slightly "dragging" the leg of the paralysed side.

He left on Dec. 1st; and on the 15th of the same month presented himself at another hospital, where he was admitted under the care of one of the surgeons. He was depressed and ill, suffering from the effects of his carbuncle, which had become unhealthy and sloughy. His manner was strange, he was evidently very weak, and he was considered as being possibly on the verge of delirium tremens. His tetanic spasm again showed itself; but failed to impress any of the medical officers. It was regarded as possibly due to his mental condition. It was evidently voluntary, and there was no rigidity of the abdominal muscles. On this occasion he got very little commiseration, and no mock-turtle soup; and on the 29th he discharged himself. We should mention that he represented himself to be a surgeon, and gave the name of Mason.

Within a week (on the 5th of January in this year) Edward Mason, M.D. of Giessen, with a recently-healed carbuncle on the nape of his neck, seeks the shelter of another hospital. The note-book says: "Previous to the appearance of the carbuncle he had enjoyed excellent health. This afternoon, whilst riding in an omnibus, he was suddenly seized with a violent spasm, having throughout the day felt considerable irritation in the seat of the incision, and just previous to the attack a tingling sensation down the spinal column." From that day to the 19th of January he had an attack of tetanus, complete in every particular. Every spasm was noted; and it is certain that the amount of sleep which he got during the time was incredibly small. A student sat up with him almost every night, and the slightest changes were taken note of and recorded. We are told that it was really beautiful to watch the effects of remedies in relieving the poor patient's agonies. On the 19th he left the hospital in a fit of indignation because he heard a nurse say she thought he was shamming. During his fourteen days' sojourn here he consumed 234 ounces of whisky or brandy; and in the first four days he had eighteen hypodermic injections of morphia, containing one-third of a grain each.

In our account of the details of this case we have thought it best not to particularise either hospitals or medical officers. We hope that, if the account we have given should lead to his identification, he will be handed over to the police. We should be particularly obliged for any information which may serve to complete the history of this extraordinary impostor.

ST. GEORGE'S HOSPITAL.

OPHTHALMOSCOPIC DEMONSTRATIONS.

(By Mr. BRUDENELL CARTER.)

ON Wednesday, the 31st ult., Mr. Carter gave the third of a series of ophthalmoscopic demonstrations at St. George's Hospital. The instrument used on this occasion was that described by Mr. Carter in THE LANCET of the 13th ult., with the substitution, in the case of some of the patients exhibited, of a plane mirror of unsilvered glass. Eight patients were submitted for examination during the evening, who furnished an example of (1) a normal eye in a person neither fair nor dark; (2) a deeply pigmented choroid; (3) an almost pigmentless choroid; (4) a congested retina in nephritis; (5) retinitis; and (6) hypermetropia, with two of nerve atrophy. These last were very interesting and contrasted well. For in the one case the sight of the affected eye was lost very rapidly, and on examination the nerve disc was found of papery whiteness, and the retinal arteries were very small. Strychnine was being used with marked success. In the second case the affected eye had gradually lost its power; the discs were bluish-grey; the arteries small, and the veins large and irregular, as if beaded. This case had not come under clinical observation prior to the meeting, but Mr. Carter inferred that these appearances were due to a choked disc, or optic neuritis, as the original cause of the atrophy, and it was found, on inquiry, that considerable cerebral disturbance had preceded the impairment of sight.

THE CIVIALE PRIZE.—This prize of £40 was instituted by the late Civiale, for the house-physician or house-surgeon of the Paris hospitals who shall have sent for competition the best work on urinary diseases. This year the prize has been awarded to M. Reverdin, the well-known discoverer of the skin-grafting method.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, JAN. 29TH, 1872.

DR. ANDREW CLARK, PRESIDENT, IN THE CHAIR.

MR. HENRY LEE made a communication on "Some Cautions to be observed in the Use of Calomel Vapour Baths." Mr. Lee was the first to introduce calomel baths to the notice of the profession, and before doing so had laboured to find out the cause of failure of the cinnabar and grey oxide of mercury. The cinnabar was decomposed by heat, and gave off sulphurous acid, which irritated the lungs. The grey oxide was decomposed, and, absorbing oxygen, became the binoxide, and acted more powerfully. Calomel, when used with water as he recommended, was, he thought, perfect; the skin was acted upon, and the lungs were not irritated. During the fumigation of dry calomel, hydrochloric acid was given off, which was very irritating to the lungs, but no bad results followed if water were used as well. In the case of a young woman in good health and well nourished, who was suffering from a syphilitic ulcer of the throat, twenty grains of calomel were volatilised in a teapot, and inhaled. The skin became cold and livid, the lips blue, and the pulse small. On a post-mortem (for the woman died), the lungs were emphysematous, and there was effusion into them. The other organs were healthy, and the fumigation, no doubt, caused the death; but if a little vapour of water had been present no harm would have happened. In another case, a man inhaled thirty grains of calomel from a teapot for four nights, for the cure of a hoarseness which had lasted two years, and which had resisted a great variety of treatment. The hoarseness was cured without salivation, but the man has suffered ever since from a cough and a pain in the chest. The lungs are not diseased, and no tubercle is present. With regard to the bath, Mr. Lee had not seen bad results, except from pre-existing disease. He does not salivate, but gets a slight tenderness of the gums.

DR. RICHARDSON then read a paper on "the Science and Art of Healing Wounds." After alluding to the great diversity of opinion existing in the profession on the subject of treating wounded surfaces, he illustrated from clinical observation the results of healing, in extreme cases, by the first intention, and then he put the inquiry—Why, if in one case of the extreme kind named there could be cure by the first intention, there should not be such cure in the majority of cases—why, in short, should success by this method of cure be the exception instead of the rule? Two sets of causes stood in the way, one set remediable, the other irremediable. The remediable obstacles to recovery by the first intention were—want of care in bringing divided surfaces into perfect apposition; the too free use of water in dressing; the too prolonged exposure of wounds to the air; too much manipulation of the surface of the wound; the leaving of long ligatures within the wound; the imperfect closure of wounds from the air; the too hasty removal of dressings; and, lastly and most important of all, error of judgment on the part of the dresser in respect to the question whether there be, in the case to be treated, sufficient continuity of surface to warrant the attempt to heal by the first intention. The irremediable causes preventing healing by the first intention were—nervous lesions, influencing the vascular supply of the injured part; the accidental introduction into the wound of decomposing or other foreign matter, or the generation of organic poisonous product within the body. These causes lie apart from the science and art of dressing wounds, and may be left for a special and future discussion. For the promotion of healing by the first intention, the author contended that the dressing employed should have four distinct qualities: it should be colloidal, elastic, impermeable to air, and styptic. Healing by the second intention formed the next part of Dr. Richardson's communication. Here again the rules named in relation to healing by the first intention were considered, and it was maintained that the same colloidal dressing was as effective in curing by the secondary as by the primary process, the difference of application being that the whole of the exposed surface was to be treated with the colloidal fluid. After giving a series of cases of rapid healing by the second intention, cases in some of which bone had been exposed, and even a joint laid open, and after touching briefly on the addition of iodine to colloidal solution in some particular cases, the author placed before the Society a summary of his argument in a series of short propositions, and concluded by insisting that medical men live to cure all they can, and to try to cure everything until they succeed, through whatever tribulation they may pass in the labour.

In the discussion which followed, MR. W. ADAMS said that he considered himself under great obligation to Dr. Richardson for attempting to lay down definite and fixed rules for the management of wounds. He had followed out his plan of treatment in many cases with good results. He amputated the foot of a young man, sawing through the bone; recovery took place in fourteen days.

MR. BRYANT said that the most important point in the treatment of wounds was to determine whether first or second adhesion was to be looked for. Torsion of arteries was most remarkable in producing healing by the first intention. Pressure and adaptation of surfaces were most important.

Mr. Spencer Watson, Mr. de Méric, Mr. Weeden Cooke, and Mr. Coles also joined in the discussion.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEBRUARY 6TH, 1872.

MR. JOHN HILTON, F.R.S., PRESIDENT, IN THE CHAIR.

MR. BALMANNO SQUIRE exhibited a case of Lupus. The point of interest was the early stage of the disease. It was seldom that lupus came under the eye of the surgeon in an early stage.

A report from the Morbid Growths Committee on Dr. Greenhow's case of a loose body in the peritoneum was read by Dr. MOXON. The report agreed in the main with the conclusions which Dr. Greenhow had arrived at concerning the structure and formation of the body.

MR. CHRISTOPHER HEATH exhibited a Fibro-Cystic Tumour which had been removed from the lower jaw of a male patient, aged twenty-two, under his care. The tumour had been growing for six months. It caused no annoyance to the patient beyond what arose from its size, and a constant discharge of fluid into the mouth, which, after its removal, was found to come from a cavity in the body of the tumour. Under the microscope the tumour presented all the appearances of glandular structure.

DR. LIVEING exhibited a case of Syphilitic Cirrhosis and Amyloid Disease of the Liver and Kidneys. The patient, a young man aged twenty-one, had died exhausted from phthisis and diarrhœa of a year's duration. At the post-mortem examination the bones of the calvaria were found extensively diseased. The liver and kidneys were found in the condition above mentioned, large, smooth, and puckered; and several ulcers were seen on the mucous surface of the large intestine. During life the urine had been abundant and pale, and contained granular casts. Niemeyer states in his text-book that in cases of albuminoid disease of the kidneys the urine is scanty and dark-coloured.

DR. MOXON stated that he had seen dark-coloured urine with this condition of kidney.

DR. GOWERS exhibited a case of Cancer of the Liver. The liver had been removed from a young female patient in the Hospital for the Paralysed and Epileptic. She had been admitted for symptoms of nerve-pressure—pain, loss of power, and wasting of the muscles—in the left leg. She had also a large tumour of the liver, which presented during life mainly the features of cystic disease. It had been growing about four months. At the post-mortem the liver was found enormously enlarged, and uniformly infiltrated with remarkably soft encephaloid cancer. In places there were large, soft swellings which gave to the hand the feeling of fluctuation. There were also one or two regular cysts in the liver. Some of the lumbar glands were found infiltrated with encephaloid cancer, and nodules of cancer were also found in both the breasts.

MR. JONATHAN HUTCHINSON exhibited some small Tumours which had grown on the leg of a healthy woman, just below the knee, between the bones. They had been growing for six months, and at first were supposed to be

syphilitic, and presented, indeed, all the characters of a syphilitic node in the muscles. They failed to yield to iodide of potassium, and as they showed signs of extension, the leg was amputated. Distinct masses were found infiltrating two or three muscles, and the bones in the neighbourhood were apparently inflamed. There was a large infiltration of deposit in the tibialis anticus, and another smaller and more circumscribed in the peroneus longus. Microscopical examination had as yet thrown little light upon their nature, and they were accordingly referred to the Morbid Growths Committee.

Mr. SIDNEY JONES remarked that a similar case had occurred some years ago among Mr. South's patients; growths similar to those under investigation having invaded the scapular muscles.

Dr. THOROWGOOD exhibited a Biliary Calculus.

Dr. KING exhibited a case of Aneurism of the ascending part of the Arch of the Aorta which had been punctured by the sharp end of a fractured rib, and had thus caused the patient's death. There was considerable erosion of the upper part of the sternum and the first rib, and the latter had been broken some months before the patient's death by a blow. The upper part of the broken ends of the rib had united, but at the lower part a sharp end of the outer fragment had pierced the aneurismal sac. At the post-mortem examination, plugging of the middle cerebral artery, with softening of the left corpus striatum and a portion of the left hemisphere of the brain, was also found.

Mr. JAMES HOGG exhibited a specimen of Madura Foot. The patient from whom the mass had been removed was a young man aged eighteen. Some years previously he had struck his foot against a sharp stone, and six months ago he was admitted to the hospital with a small abscess on the sole of the foot, at the seat of the former injury. On changing the poultice one day several of the dark sooty truffle-like bodies were found; the disease was diagnosed, and the diseased portion was excised. Mr. Hogg had examined these sooty bodies, and was sure that they were the result, and not the cause, of the disease. They were algoid in structure, and in no way resembled the mycelium of the truffle.

Dr. MOXON exhibited a case of Subacute Yellow Atrophy of the Liver. From an examination of the case he had come to the conclusion that acute yellow atrophy was the acute form of a chronic condition. The patient was a woman aged thirty-four. She was admitted to the hospital with jaundice and slight enlargement of the liver. For the first five weeks there was little change in her condition, but at the end of that time all the symptoms of acute yellow atrophy supervened, and she rapidly died. The liver presented the appearance of two distinct kinds of change—the one a light rhubarb yellow, the other a dark red.

EPIDEMIOLOGICAL SOCIETY.

JANUARY 10TH, 1872.

MR. ROBERT LAWSON, PRESIDENT, IN THE CHAIR.

A COMMUNICATION was read from Dr. JAMES CHRISTIE, physician to H.H. the Sultan of Zanzibar, on "Kidinga Pepo," a peculiar form of exanthematous disease epidemic in Zanzibar, East Coast of Africa, from July, 1870, till January, 1871. This fever sprang up after the complete disappearance of cholera, and was recognised by the old inhabitants as identical with one which appeared as an epidemic on the East Coast of Africa about forty-eight years ago. It was quite unknown to the natives of India, from Bombay and Scinde, resident in Zanzibar; but the Arabs from Hydramant, on the Gulf of Arabia, were familiar with it. The name "Kidinga Pepo" means cramp-like pains, produced through the agency of an evil spirit. This disease resembles in its most important symptoms "dengue," or scarlatina rheumatica. The patient was seized very suddenly with pain and stiffness of the muscles, especially those of the palms of the hands and soles of the feet; fever followed, varying greatly in intensity. The skin became hot and dry, the tongue red and spotted, but generally clean, the face of a bright-scarlet colour. This coloration was marked in every case, and usually accompanied by a puffy swelling so as to imitate erysipelas of the face; it was characteristic of the disease. There also occurred swelling and pain of the smaller articulations, besides much pain in the shoulders, back, &c. These symptoms were accompanied by very obstinate constipation. This first period of forty-eight hours was followed by a very complete remission of from two to three days. The fever returned on the fourth day always with lessened intensity; on the fifth an exanthematous eruption, different from that of measles, of rubeola, and of scarlet fever, and more like that of erysipelas, appeared and spread over the whole body in forty-eight hours. Then occurred swelling of the lymphatic glands of the head and face, and especially of the occipital glands; redness and even tumefaction and rawness of the mucous membranes of the nose, mouth, and, in severe cases, of the throat. During this time the stiffness of the muscles and pain of the articulations continued, and on the seventh or eighth day there was desquamation of the cuticle, and the acute stage terminated. Dr. Christie considers that this disease differs from "dengue" in several particulars: the swelling of the lymphatic glands did not occur until the third stage of fever; the eruption was invariable in form, and, as described, unlike that of dengue, which presents many varieties; the implication of the mucous membrane of the mouth and throat; and the articular pains were to a greater or less extent invariably present except where there had been previously attacks of malarious fever, sunstroke, &c. The symptoms and course of the disease were remarkably invariable and characteristic. The sequelæ of "Kidinga Pepo" were much more severe than those of "dengue"; the muscular pains may continue for months; and Dr. Christie himself, who was the first European attacked, suffered severely for two months afterwards. These chronic pains affected especially the shoulder, wrist, and ankle joints; and, in addition to them, there was chronic tenderness of the superficial lymphatics. The disease appeared to be communicable, the members of a household being usually attacked one after another. "The Europeans suffered much more acutely than the natives, and very few escaped an attack. In no case did the disease recur in an acute form, and there were no fatal cases either among children or adults." The disease was treated during the first day with purgatives and five-grain doses of quinine. On the remission of the fever iodide of potassium in four-grain doses was administered with the most marked effect on the articular pains. Dr. Christie says, "I know of no medicine more entitled to the name of a specific than the iodide, its effects in subduing the disease being more marked than those of quinine in the treatment of malarious fever."

During the discussion which followed the reading of the paper, it was suggested that the word Dengue might possibly be a corruption of Kidinga.

Reviews and Notices of Books.

The Science and Practice of Medicine. By WILLIAM AITKEN, M.D. Edin., Professor of Pathology in the Army Medical School. Sixth Edition. Two Vols. pp. 1290. London: Charles Griffin and Co. 1872.

We have no intention of reviewing a book which has proved one of the greatest successes in an age of medical publishing. The present is the sixth edition of a work that we, on a former occasion, pronounced to be "a representative book of the medical science and practice of the day." Stimulated by the great encouragement he has received, its author tells us that he has "spared no exertion to improve it, and make it worthy of continued confidence, as orthodox in its aim and practical in all its details." The plan of the work has been remodelled; nearly every chapter bears marks of the careful revision to which it has been subjected, and much perfectly new material has been added. The prevention and treatment of diseases have been more fully discussed, and new descriptions of many diseases have been introduced, with additional and improved diagrams and woodcuts. Altogether the work is an admirable one, and adapted to the requirements of the student, professor, and practitioner of medicine. The part devoted to

human parasites—a particularly good specimen of the author's method of treating a subject, by the way—is very full, and it is brought up to the latest date, so as to include reports recently published in India. In 1863, for the first time in a text-book, as Dr. Aitken tells us, diagrams illustrative of the typical ranges of body temperature in febrile diseases were introduced in this work; and the subject of temperature in health and disease strikes us as among the best and most carefully executed parts of the volumes. We wish that, instead of imposing a fine upon parents who refuse to have their children vaccinated, the magistrate could be empowered to insist on their learning by heart the facts and figures brought together as to the influence of vaccination. Malignant cholera is very fully discussed, and the reader will find a large amount of information, not to be met with in other books, epitomised for him in this. *Apropos* of the positive evidence afforded by Dr. Macnamara of water contaminated with cholera evacuations being the medium of communication of cholera to many individuals who partook of it, we should be glad to ascertain whether any, and what number, of those affected died of the disease, as this information would, it seems to us, tend to complete and strengthen the case. Tubercular peritonitis is mentioned as a very insidious and common form of pericarditis in the army. We have been told that this disease is often witnessed among the black troops stationed at the Bahamas, and similar places, who appear to be especially liable to acute tubercular affections. The part on medical geography forms an admirable feature of the volumes, and contains some new and valuable statistical data derived from Dr. Balfour's tables. "Aitken" is certainly not a book to be read for the sake of its perspicuous or elegant style of writing, like Watson's lectures for instance; but we know of no work that contains so much, or such full and varied, information on all topics connected with the science and practice of medicine. An especial merit in our eyes, in consequence of its relative rarity, is the very full index and excellent table of contents furnished in the volumes.

The Skim-milk Treatment of Diabetes and Bright's Disease, with Clinical Observations of the Symptoms and Pathology of these Affections. By ARTHUR SCOTT DONKIN, M.D. Edin., M.D. Durham, Lecturer on Medical Jurisprudence and Toxicology in the University of Durham, late Physician to the Sunderland Infirmary and Dispensary, &c. London: Longmans, Green, and Co. 1871.

THE principal parts of this work appeared first as a series of papers in our own columns, and have properly been put, with considerable additions, into the form of a book. Concerning the value of the book, as a whole, critics will differ. Those who think with Sydenham—"Nevertheless I have have always thought it a greater happiness to discover a certain method of curing, even the slightest disease, than to accumulate the largest fortune; and whoever compasses the former, I esteem not only happier, but better and wiser too"—those who think thus, we say, will estimate the book highly, for it records therapeutical successes in the treatment of very grave forms of disease which, for novelty and importance, have not been exceeded by many suggestions in curative medicine of late years. Those who, from the somewhat ambitious title and style of the book, expect additions to our pathological knowledge will be slightly disappointed. But, in our opinion, the physiological and therapeutical interest and value of the author's suggestions cover all the sins and defects of his book, and entitle him to no little praise. Admitting that his skim-milk treatment must have a larger testing than it has yet received, the cases he has recorded are sufficient to show the excellent effect of the treatment. In the present state of medical fashion and doctrine it requires both courage and considerable originality of judgment to have suggested treating with skim-milk an exhausting and emaciating disease, generally thought to require a strongly nitrogenous diet, and to contraindicate the use of milk in its completeness. But the results obtained by Dr. Donkin appear to justify the experiment, and at once enlarge our physiological knowledge on points of diet and greatly increase the hopefulness with which we may henceforth regard our power over certain grave and even organic affections. Skim-milk sounds very thin, and excites little enthusiasm, but if Dr. Donkin's experience be repeated on any large scale, we shall have in this simple remedy an important addition to our therapeutics.

The cases reported by Dr. Donkin show clearly, what we could not have predicted, that a diabetic patient can live for seven weeks on skim-milk—and not only live, but grow in muscular power, and, at least after a few days, gain in weight. A fall in the specific gravity of the urine in a week from 1035 to 1015, in five days from 1040 to 1013, in a week from 1038 to 1023, in three days from 1040 to 1027, in less than a week from 1040 to 1018, and in ten days from 1040 to 1025,—such falls corresponding with a proportionate fall in quantity and a decrease in all the diabetic symptoms, occurring too in advanced and unfavourable cases, and continuing while the patient is faithful to the prescription, must be regarded as very marvellous and promising specimens of medical work.

The facts are so clear as to make the explanation of them, in a practical point of view, comparatively unimportant; but, theoretically, there are few facts more curious than that the use of a diet containing a considerable quantity of sugar, with casein and certain fixed salts, should lead to a rapid fall in the production of sugar in diabetes and the improvement or cure of the patient. Dr. Donkin considers that the diet owes its efficacy to its containing albumen in a very assimilable form, as well as necessary mineral ingredients; to the fact that the sugar contained in it is converted in the stomach into lactic acid, and supplies no pabulum for the glycogenic process; and largely—and this is a principal and original point in Dr. Donkin's theory of the disease and its treatment—to the removal from the milk of those fatty elements which would serve as pabulum for the formation of sugar.

The applicability of the diet to cases of the inflammatory and fatty forms of Bright's disease is scarcely less, according to Dr. Donkin's experience, than to cases of diabetes. And the cases he records are very instructive and satisfactory as to the amenableness of this disease, even when of considerable standing. The diet acts as a very efficient diuretic, and, while it feeds the patient, washes out the tubules, and apparently does not supply the pabulum for further fatty degeneration of the epithelium. This is the theory of the cure; but the facts, as we have already said, are of more importance, and we commend the cases to the careful clinical study of practitioners as full of interest.

As we have hinted, the chief value of the book is its therapeutics. We had intended to show that our author makes pathology and unmakes it in a somewhat easy sort of way. And the history of diabetes and its treatment is also given in a very cursory manner. The chapters on these subjects have no further value than giving an outline of doctrine which serves to set off the treatment which it is the primary object of the book to recommend. An author cannot be equally great in all directions. Dr. Donkin has made a very suggestive contribution to therapeutical medicine. The milk treatment, as set forth by Dr. Kasell, properly praised by Dr. Donkin, and the skim-milk treatment of our author,

inspire us with new hope of controlling those degenerations of tissue and disorders of function which go to make up so much of the disease which we have to treat.

A Treatise on Hæmophilia, sometimes called the Hereditary Hæmorrhagic Diathesis. By J. WICKHAM LEGG, M.D., Casualty Physician to St. Bartholomew's Hospital. London: H. K. Lewis. 1871.

DR. LEGG deserves the thanks of the profession for this exceedingly painstaking and laborious compilation, which, containing as it does the opinions of 163 writers who have touched upon the disease, cannot fail to impart to its readers as much learning on the subject as it is possible to derive from mere book-reading.

A perusal of this work has forced upon us the conclusion that we are still as far as ever from the true "essence" of this disease, which perhaps, after all, may be only a symptom belonging to more than one pathological condition. And with regard to treatment, we are inclined to think that that patient will fare the best who falls into the hands of a sensible surgeon who has a sound practical knowledge of the principles of his art, and whose mind is untrammeled by theories.

We are deeply indebted to Dr. Legg for this painstaking monograph, which comes before the world in a most elegant form, and is a credit alike to the author and publisher

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OUR LIBRARY TABLE.

On Clinical Education. By FURNEAUX JORDAN, F.R.C.S., Surgeon to, and Professor of Surgery at, the Queen's College, Birmingham. London: J. and A. Churchill.—The pamphlet represented by this heading is the reprint of an introductory address to the clinical session 1871–2 at the Queen's Hospital, Birmingham. The importance of clinical study as one of the branches of medical education cannot be exaggerated. This address is well worthy of perusal, though few teachers can hope to attain to the perfection of clinical teaching, which, according to Mr. Jordan, is this: "That the teacher shall set the best example, and the pupil shall follow it; that the teacher shall instil the best rules and suggest the best books, and the pupil shall diligently learn them; that the teacher shall freely furnish, and the pupil freely embrace, practical exercises on the imitation of examples and the application of rules." We may fairly say of any institution where such a standard is attained, "If there be an Elysium (for clinical study) upon earth, it is this."

Proceedings of the Second Annual Session of the State Medical Association of Arkansas. Gazette Publishing Company.—In November last the members composing this association met at Little Rock in Arkansas, some of them having travelled far and over difficult roads. The proceedings, which lasted two days, were characterised by the greatest harmony and good feeling. As slightly illustrating the position of our *confrères* in the far West, we subjoin two resolutions that were adopted:—"1. That it shall be a binding obligation on every member of this association to withdraw all support from any establishment where medicines are dispensed, on proof that the proprietor or assistants are in the habit of prescribing. 2. That it is the duty of every member to request the pharmaceutist whom he employs not to repeat, under any consideration, the patient's medicine without a written or verbal permission."

The Nautical Magazine. New Series. No. II. February. Conducted by THOMAS GRAY. London: Simpkin, Marshall, and Co.—We are glad to know that this magazine has commenced a new and vigorous phase of existence under the auspices of Mr. Thomas Gray, Marine Secretary to the Board of Trade. This journal came into being at a time when our sailors at sea were not represented in the literary world at all, and when no one knew anything or cared anything about sanitary science afloat or ashore. We hope that the new edition of this magazine will afford a reasonable and regular supply of space for the record and discussion of questions relating to what is called in official parlance "health of crews." The current number contains nothing that can be criticised in the columns of THE LANCET, except a very short article on Chloralum, which does not indicate anything specially worthy of notice.

Eating and Drinking. A Popular Manual of Food and Diet in Health and Disease. By GEORGE M. BEARD, M.D. New York: G. P. Putnam and Sons. 1871.—This pamphlet is one of Putnam's hand-book series, and, like most popular effusions, contains a great deal of nonsense put into a flimsy scientific frame. The author quotes Du Chaillu and Dobell very freely, makes an apology for cannabalism, repeats some very ancient aphorisms about phosphorus and flesh-eaters, and in a most praiseworthy manner condemns rapid eating as one of the greatest evils of the American social system. The book is in some sort amusing, but not particularly instructive.

On Antiseptic in Surgery. Reprinted from the Manchester Medical and Surgical Reports, 1871. By EDWARD LUND, F.R.C.S., Lecturer on Anatomy, and one of the Surgeons to the Manchester Royal Infirmary. Manchester: J. E. Cornish. 1872.—This reprint bears on its title-page "*Cui bono pus?*" and the author takes for his motto "Keep the wound clean." It is an excellent and sensible paper which we have read with interest and profit.

The Contagious Diseases Acts. A Paper read before the Medical Society of University College, London, by SHIRLEY DEAKIN. H. K. Lewis, Gower-street. 1872.—This is a pamphlet of thirty-five pages, which swells the now large mass of matter already published on this subject. Much of it is a simple recapitulation, but the author helps the cause that he has in hand by an able exposition of the silly and absurdly incorrect statements made as to the condition of Birmingham in respect of lock hospital accommodation.

THERAPEUTIC TRADITIONS.

No. III.—"COOLING" REMEDIES.

As a fitting complement to our remarks of last week on the popular dogmas as to the significance of excessive bodily heat, we now proceed to discuss briefly the traditional methods of inducing a cooling of the overheated body.

It is, in the first place, to be observed that a large majority of the traditional statements about the cooling effects of particular remedies in pyrexia, whether they accord or not with the results of modern exact observation, rested originally upon an entirely unsatisfactory basis. In nearly every case the belief that these remedies cooled the fevered body was based on *a priori* conceptions, derived from supposed intrinsic powers of the agents which had not been verified by scientific induction. Thus the old opinion that salines have power to reduce febrile temperatures has been to a certain extent corroborated by the recent observations of Dr. Barnes; yet it is certain that in earlier times the employment of these remedies gained vogue almost entirely on the strength of semi-mystical speculations on the intrinsic qualities of saline substances. And, in by far the larger number of cases, these *a priori* arguments as to the effects of particular modes of treatment led to conclusions which were either altogether or for the most part untrue. Take, for instance, the prominent examples of *bloodletting* and the use of *alcohol*. No one will deny that, on these subjects, a very strong—an almost invincible—tradition was

handed down to very recent times, and that it even yet flourishes with much vigour in a good many places. This tradition asserted, as an unquestionable axiom, that bloodletting cooled, and that alcohol heated. Now, with regard to the first of these agents, it is at present distinctly proved that bloodletting has never more than a temporary influence in lowering heat, unless it be carried to a pitch which is almost surely fatal. Even in health this is the case; but it is even more remarkably so in strongly pronounced abnormal elevation of temperature. Who could have doubted, fifty years ago, that those remarkable cases of hyperpyrexia which have lately been the subject of general discussion, must not merely tolerate, but demand, the employment of bleeding; yet we find that Dr. Wilson Fox, as the result of his very interesting experience, is convinced that bloodletting effects nothing in the way of diminishing the extraordinary heat of the body. Even more remarkable was the strength of prejudice with which people believed that alcohol was a heating agent, and, therefore, inapplicable to the treatment of pyrexial conditions of body; for the belief was not merely untrue, it was almost the exact reverse of the truth. Alcohol may or may not be an appropriate remedy in any particular case; but it is at least certain that its direct action (as proved by Ringer, Bouvier, Binz, Anstie, and a great many other observers) is altogether in the direction of *lowering fever heat*. It may or may not prove the most appropriate refrigerator in individual cases, but its general action is refrigerative.

Another serious consideration respecting our traditional armamentarium of cooling remedies is the following. There is a huge mistake underlying the common talk about this matter of refrigerant remedies—the assumption, namely, that the effects achieved in slight cases of pyrexia can be imitated with regard to more serious grades of fever. It is, no doubt, true that the action of common diaphoretics, by producing a considerable transpiration from the skin, somewhat reduces the temperature, and still more decidedly relieves the patients' sensations, in the slighter degrees of pyrexia. But that diaphoresis, even in the most copious form, will necessarily relieve a severe fever-heat, is shown to be transparently false by the phenomena of rheumatic fever and of relapsing fever; in fact it would have been impossible for such a belief to survive had it not been fostered by the unhappy influence of the doctrine of elimination, which made it seem inherently more probable.

At the present time it is not too much to say that we are only beginning, doubtfully and hesitatingly, to lay the foundations of a true anti-febrile therapeusis. The old structure of antiphlogisticism was unsound in every root and branch of it; and there is no more significant proof of its unsoundness than the fact that its upholders actually missed their way entirely with regard to the remedy which of all others might have been supposed to be the *ne plus ultra* of true antiphlogistics—namely, the influence of cold. The observations of Currie, which are now bearing such rich fruit from their resuscitation by the German observers, fell quickly into oblivion, because they were repugnant to the foregone beliefs of men who scarcely deserved the name of "theorists" at all, but rather of mere ignorant dogmatists.

It is impossible, however, to do justice to this subject in a single paper. We shall endeavour, in a future article, to point out the leading indications as to the possibility of directly reducing that excessive temperature, which is itself a danger to life and to integrity of tissue, which are afforded us, on the one hand, by an improved physiological knowledge as to apparatus of heat-regulation; and, on the other, by recent direct experiments.

REPORT OF AN OUTBREAK OF CHOLERA IN CHEZETCOOK AND HALIFAX, N.S.,

ORIGINATING IN AN INFECTED EMIGRANT SHIP IN NOVEMBER, 1871.

(*Communicated by* THE DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT.)

CHEZETCOOK is a small fishing village on the south-east coast of Nova Scotia, and about twenty-two miles from Halifax. The inhabitants are French Acadians.

The steamship *Franklyn* (Captain Dyer) left Stettin on the 10th of October, Copenhagen on the 12th, and Christiansand on the 15th of the same month (which ports were reported to have been then healthy), bound for New York, with some six hundred German emigrants on board. She left with an insufficient supply of water and coal, especially of the former, and had a very stormy passage.

On October 23rd, eight days after leaving Christiansand, the first death occurred—date of first appearance of sickness not ascertained. Previous to the occurrence of any sickness the water failed, and was supplied to the cabin passengers only; those in the steerage having condensed water for cooking and drinking, and this was brackish from the coil of the condenser being out of order. The emigrants were confined below decks during the stormy weather.

The vessel reached Halifax on November 6th, twenty-two days from last port, and fourteen days after first fatal case, short of coal and water. Having had fresh supplies, she proceeded, after a short delay, to New York, before anything was known of her sickly condition; and it was only after her arrival at that port that we learned she had some forty deaths previous to calling here.

There are various reports as to the statements made by the captain to the health officer; they were, however, such as to deceive him, and to warrant his permitting the ship to have communication with the town, for which he is now under suspension pending the result of an inquiry by order of the Dominion Government. I have not been able to learn whether the emigrants had come from infected localities; and as to the condition of the vessel, all I can ascertain is that she was "comparatively clean."

On the day of her arrival (the 6th) a man named Melvin went on board to supply her with water, and was similarly employed on the 7th; and went below decks to turn on the tap. He had previously been suffering from diarrhœa; was seized on the 13th of November with symptoms of Asiatic cholera, and died on the 14th, after twelve hours' illness. His medical attendants at once pronounced the disease to be cholera, and every precaution was rigidly enforced; his clothes and bedding were burned, and the house thoroughly fumigated. No other case occurred.

The disease was brought to Chezetcook by Dennis Lepiere, who had been employed coaling the steamer on the 7th of November; he stood several hours on the gangway leading from the vessel supplying the coal, and was engaged shovelling it into the steamer. It is rumoured he got drunk, and was placed below decks of the steamer until sober; but this is uncertain. On the 13th of November he was seized with severe purging, vomiting, &c., and was driven in a cab to his father's house at Chezetcook. The symptoms became worse after his arrival—cramps very severe, intense thirst, extremities very cold and blue, &c.; but he recovered slowly, and in a few days could move about.

On the 17th of November, Mary Lepiere, aged thirty-four, who lived about a quarter of a mile from her cousin Dennis Lepiere, on whom she attended for a night, was seized with symptoms similar to his, but more severe; cramps extremely severe, eyes turned up and sunken, hands livid, face and lips blue, &c. On the 18th she died after twenty hours' illness.

On the 18th November Margaret Lepiere, aged twenty-one, a strong, healthy woman, sister to Dennis (No. 1), with whom she lived, was seized with similar symptoms, which were also very severe, but from which she ultimately recovered. In this case there was suppression of urine for four days.

Bridget Lepiere, aged forty, married woman, previously in good health, was seized on the 19th November with

symptoms of a very severe nature. She had been attending the others, and had "laid out" the body of Mary Lepiere (No. 2) on the evening previous. She died on the 21st, about midday. Her symptoms were so severe, and the panic so great, that her body was abandoned before her death, even by her husband.

Sarah Lepiere was attacked on the same day as her sister Margaret—namely, on the 18th. She lived in the same house, was only five years of age, and, although severe, the case recovered.

The symptoms were nearly the same in all the cases: cramps very severe, vomiting and purging of "rice-water stools," patients absolutely pulseless, eyes turned up and sunk in the socket, upper lip retracted, the "risus sardonicus," intense thirst, face swollen, lips blue, and arms blue from elbows to the tips of the nails; and one case, No. 3, had suppression of urine for four days.

No sectio cadaveris was made. After death the legs and thighs were flexed to an extreme degree, face swollen and blue, nose pinched, upper lip retracted, arms blue, hands clenched, &c. The rigor mortis was so extreme that the coffin had to be made to adapt itself to the curvatures of the body.

No medicines were of any avail, as the stomach rejected everything. Very weak brandy-and-water, administered frequently in small doses, seemed to be most useful. The suppression of urine in case No. 3 was overcome apparently by hot baths.

The disease did not extend beyond the Lepiere family—I believe owing to the very energetic manner in which all needful sanitary measures were enforced. Drs. Jennings and Rigby, on being sent down by the Government, enforced the strictest quarantine. Sentries were placed on every road at the distance of five miles from the village, not even the mails being allowed to pass, and ships were not allowed to approach the coast. The dejections from the patients were received into vessels in which were placed carbolic acid, chloride of lime, &c., and were covered with these and with earth before being buried. The infected houses were also quarantined from the rest of the village. The bedding, clothing, &c., were all burned; and the furniture, houses, &c., thoroughly disinfected and scrubbed.

For the facts embodied in this report I am indebted to the health officer of the port, and to the medical gentlemen in attendance on the sick.

No case of Asiatic cholera had appeared in Halifax since the spring of 1866, when the steam-ship *England* arrived in a sickly condition, and suffered severely.

That the disease was imported by the *Franklyn* there can be no doubt. Some of the passengers, most probably, came from an infected district; and all were placed under the most unfavourable conditions, using brackish water, and being confined below in bad weather—conditions predisposing to, and favouring the spread of, the disease.

The men Melvin and Lepiere, employed at the same time in coaling and watering, were exposed for some hours to the poisoned air on board of, or escaping from, a ship in which some forty deaths had occurred during the previous fortnight, and both took ill the same day; one case proving fatal in twelve hours, and the other communicating the disease to members of his family—all which facts, it must be admitted, clearly prove the propagation of the disease by infection.

S. M'V. LLOYD, M.D.,
Dep. Inspect.-General of Hospitals.

Army Medical Office, Halifax, N.S., Jan. 24th, 1872.

Foreign Gleanings.

THE SYPHILIS CORPUSCLES IN VIENNA.

We find, in the *Allg. Wiener Med. Zeit.* (February 6th, 1872), a serio-comic article on this discovery of Lostorfer, which, for a few moments, shook such men as Stricker, Hebra, and Skoda off their balance. Dr. Wedl, the author of the article, says:—"These corpuscles will, at the next meeting of the Medical Society, be solemnly buried in Dr. Stricker's museum. The sympathy of the profession is requested under these painful circumstances, and the Society will doubtless institute special masses for the repose of the departed. It is very lucky that the members did not, in their hurry, have medals struck for the discovery; and there is time left to send counter orders to Paris and London, to stop enthusiastic researches which might bring some blame on the Vienna Medical Society. The latter may derive from this mishap the lesson to beware of allowing itself to be made a trumpet to ephemeral discoveries." It is difficult to believe, however, that observers like Stricker and Hebra would have been carried away by imperfect experiments. It is clearly stated that different kinds of blood were placed under Dr. Lostorfer's microscope (he not knowing whence the blood came), and he constantly recognised his peculiar corpuscles in blood coming from patients affected with syphilis. Time will show who is right; but this controversy reminds us of the cholera germs which attracted at one time much attention, and the animalcules peculiar to various diseases pointed out by Dr. Salisbury of the United States.

HYDROPHOBIA, WOORARA, AND TRACHEOTOMY.

Prof. Paccianti lately brought before the Medical Society of Pisa the case of a midwife, forty years old, who was brought to the hospital with unmistakable symptoms of rabies. Attempts were first made to narcotise the patient with chloroform, but with no result. It was then resolved to try woorara hypodermically. One grain in forty-five drops of water was first injected into the left leg; two hours afterwards the same operation was performed on the right leg, then in another two hours two grains were injected, and two more grains two hours and a half afterwards. These four injections produced no effect, so that it became evident that one poison prevented the action of the other. At last, as an ultimate resource, tracheotomy was performed, but to no avail, and the patient soon died with symptoms of paralysis of the muscles of respiration. The disease was the result of the bite of a little dog, and the patient, not suspecting anything wrong with the dog, neglected to have the wound cauterised till a few days after the accident.

AN IMPROVED LITHOTRITE.

M. Reliquet, well known by his work on the Operations performed upon the Urinary Organs, has presented to the Academy of Medicine of Paris (January 23rd, 1872), a new lithotrite, having peculiar teeth in the male and relative recesses in the female branch. After describing the instrument (figured in *Gaz. Hebd.*, February 9th, 1872,) M. Reliquet says: "In short the action of this lithotrite is such that each time the branches are brought together the whole detritus they contain, after the lateral pieces are broken off, is wholly reduced to fragments, all of which are sufficiently small to be washed off by the evacuating catheter. Thus each sitting removes more sand than happens usually, and the number of operations is materially lessened."

THE SPINAL PARALYSIS OF CHILDREN; INFANTILE PARALYSIS.

MM. H. Roger and Damaschino have just completed a series of papers on this complaint (*Gaz. Méd. de Paris*, Dec. 23rd, 1871), and, at the conclusion, lay down the following propositions:—"1. The alteration peculiar to infantile paralysis is a lesion of the spinal marrow, which causes the atrophy of muscles and nerves. 2. The seat of this lesion is the anterior part of the grey substance of the medulla, where softened portions of spinal substance are seen. 3. This softening is of an inflammatory nature; in fact, simple myelitis. 4. Infantile paralysis should, therefore, be called spinal paralysis of children, and be classed among the affections of the spinal marrow, as depending on myelitis."

THE LUNG TEST.

M. Poncet showed, at a meeting of the Lyons Société des Sciences Médicales (Oct., 1871), the lungs of a fœtus prematurely born at the Hôtel Dieu. The child had cried, breathed, and lived an extra-uterine life of ten hours; but the lungs sank completely in the water, as if no respiration had taken place. Such cases, though rare, have been mentioned by Hoffmann and Heister, and show the insecurity of the lung test in forensic medicine.

PERI-UTERINE PHLEGMON.

Some have doubted the reality of this malady, but Dr. Gallard has shaken scepticism by bringing an actual preparation before the Academy of Medicine of Paris. He thus gave the material and palpable proof of the existence of this chronic abscess, the fact having long ago been pointed out by Valleix, Gosselin, Aran, Bernutz, and Goupil.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 17, 1872.

WE are glad to see that the deputation whose visit to Mr. STANSFELD we report in another column has succeeded in extracting from that gentleman the promise of redress of sundry important grievances. On the one hand, it seems clear that the Poor-law medical officers will have to be relieved from the drudgery and degradation of supplying medicines to their pauper patients, and the Dispensary system will be established; and, on the other hand, there seems a fair probability that many of them will obtain more dignified and congenial employment, as sanitary officers, than any they have yet enjoyed. But there is a very serious question impending with regard to the shape that the forthcoming sanitary legislation is to take. It will not be pretended, by anyone conversant with the recent developments of sanitary science, that even the universal employment of Poor-law doctors as sanitary officers would in itself provide sufficient machinery for the effective restraint of preventable disease. In one shape or another, either by the appointment of district medical officers of very high scientific qualifications, or by the employment of a considerably increased staff of inspectors of similar eminence to those now working under Mr. SIMON, Mr. STANSFELD must provide, with absolute certainty, the means of obtaining full and accurate knowledge from moment to moment of the sanitary needs of each district. One would have thought this tolerably obvious; but there are suspicious indications that, so far from this view being taken by the President of the Local Government Board, the changes proposed may be (practically) in quite an opposite direction. One might really fancy that Mr. STANSFELD did not contemplate any increase of the medical inspectorate; that he intended, on the contrary, to confide a large share of the ordinary business of sanitary inspection to legal gentlemen, and that these last are to call in the advice of one of the existing medical inspectors when they come across any difficulty that they cannot manage themselves!

We do not affect to state that this scheme is definitely fixed on; yet there is much in the traditions of Gwydyr House that would agree with it. There is a fatal likelihood of its proving true if we could only suppose Mr. STANSFELD to be sufficiently squeezable by high personages who desire to retain a comfortable patronage for their friends; and there is no doubt in the world that the usual type of legal Poor-law inspector would be as willing, and exactly as competent, to undertake the work of sanitary inspection, as ever Lord JOHN RUSSELL was to "take command of the Channel fleet." There would, at any rate, be one comfort to sanitarians in the open divulgment of a scheme like this—namely, that the House of Commons and the public are not so far gone in indifference to the public health, or even so deficient in the sense of the ridiculous, as to vote money for abolishing epidemic diseases by multiplying the number of officials of the type of those who inspected the Farnham and Walsall workhouses.

MR. SIMON'S motion, which, as we announced last week, was carried at the meeting of the Council of the College of Surgeons on the 8th inst., was in the following terms:—"That on the occurrence of a vacancy in the Court of Examiners, due notice be given of such vacancy by advertisement in such journals and at such times as the President shall decide; and that Fellows desirous of being considered candidates send their names to the President." The motion was seconded by Mr. ERICHSEN, and carried by 12 to 4.

The nominations for the vacancy caused by Mr. COCK'S retirement from the Court of Examiners are four in number, two candidates being within and two without the Council. A resolution of the Council adopted in March, and confirmed after much discussion in August, 1870, affirms the desirability of half the Examiners being out of the Council; and it was only in last August, by the retirement of Mr. COCK and Mr. LANE from the Council, that the number was made up. It is then obvious that, unless the Council is prepared to stultify itself, it is bound to elect one of the candidates not on the Council. Fortunately, Mr. CAMPBELL DE MORGAN is senior, both as a Member and a Fellow of the College, to Mr. BIRKETT, who therefore could not feel any slight at his being preferred before him. Mr. DE MORGAN is especially eligible on the present occasion, it is true, because he has, from private motives, hitherto declined to contest a seat in the Council; but had he done so, he would doubtless have been by this time one of the senior members of the Council; and it must be remembered that it is only from accidental circumstances that the examinership has descended through the Council with such unprecedented rapidity. We trust, then, that Mr. DE MORGAN may be elected, and that this election will in no way prejudice Mr. BIRKETT'S candidature for the next vacancy.

A discussion which arose *apropos* of a request for recognition by a provincial lecturer is likely, we think, to lead to great good, since notice of motion was in consequence given by Mr. ERICHSEN, calling upon the Court of Examiners to lay before the Council a return for three years, showing the number of pupils sent up for the several examinations by the various metropolitan and provincial schools, with the proportion of passed and plucked from each. Such a return will enable the Council to form a fair judgment as to the quality of instruction given at each school, and to withdraw, if necessary, its recognition from incapable and imperfect establishments. The benefit to the schools themselves, and to the pupils studying thereat, also cannot fail to be great, since the zeal of able teachers will be stimulated, whilst incapable ones will see the necessity for withdrawal from labours to which they are unequal. We hope that Mr. ERICHSEN'S motion will be fully supported, and shall look with interest for the best evidence which has yet been afforded the profession of the way in which its ranks are filled.

UNDER the head of "Tropical Service" we have already referred to the observations of Dr. BRYDEN upon age in relation to mortality. Some important communications have been recently exchanged between the medical officials in India and those at home regarding the subject of invaliding, and the effect that the recruiting of young lads has upon the general health of British regiments in India. It appears that the ratio of loss from invaliding has gradually risen during the last ten years from 28 to 53 per 1000. An examination of the details of which these ratios are composed brings out the important fact that this marked increase is entirely due to the large number of men who have been sent home of late years for change of climate. Attempts have been made to follow out the medical history of the sick soldiers from its origin to its termination, but hitherto with somewhat indifferent success. It is found to be exceedingly difficult, in practice, to trace disease to the locality where it originated; and, owing to the interchange of regiments and the mixing of invalids at some of the depôts, such as Kurrachee, it has been found equally impracticable to effect an accurate separation of the number of invalids discharged at Netley according to the different Presidencies. It consequently follows that we have no accurate details for a "gain and loss statement." Dr. CUNINGHAM thinks that the large increase in the proportion of men sent home for change of late years may be in some measure due to the impression prevailing among the medical authorities that the hill climate, although valuable as a means of preserving health, can do but little to cure disease. Dr. MUIR states, as the result of his inquiries, that the increase in the ratio of invalids is to be mainly attributed to the greater facilities afforded for sending sickly men to England since the extension of railway communication and the establishment of Her Majesty's steam troop-ships; and he adds that there is a remarkable unanimity of opinion among medical officers on this point. It is thought by some that the ratio of invaliding has been very sensibly affected by the youthful and immature condition of a large number of soldiers sent out to India, especially during the last few years. Dr. MUIR refrains from expressing his own opinion on this point until he is in possession of further data. He evidently considers that the increased ratio of invaliding, as far as any loss to the service is concerned, is more apparent than real, and that the greater proportion of invalids leaving India become again effective in a few years. Meanwhile a system of registration has been devised by which the continuity of every soldier's medical history shall be preserved, from the origin of his disease up to his ultimate disposal after his embarkation from India for this country.

In looking over the figures tabulated in the official documents, a few facts are at once apparent. The invaliding from India has, undoubtedly, greatly increased of late years; but while the number of those sent home for change of climate has been rapidly augmenting, the proportion of those invalided for discharge from the service has, on the other hand, been diminishing. And according to information already published, it would seem that the ratio per 1000 of strength in India, discharged as invalids at Netley in each year, has been tolerably uniform. It may be roughly said that about one-half the total number of invalids from India are permanently discharged the service. No inference can be drawn from any comparison between the numbers of sick soldiers recommended for change of climate and those for final discharge. Medical officers know that it is often impossible to pronounce a decided opinion in the matter, and they are perfectly aware that but little attention is given to their classification in this respect at home. If the increase of invaliding is due to the larger number of sick men sent home with a view to their recovery and not to their discharge, and the proportion of such recoveries has really been increasing, it would probably indicate that our young troops in India have suffered disproportionately from diseases that required them to be invalided to England to render them fit for further effective service.

In conclusion, we would say that we are inclined to agree with Dr. CUNINGHAM in thinking that the reaction in regard to hill climates has been too great, and that the tendency of the present day is to undervalue their curative influence.

WE take for granted that a provision of some kind for Sickness Returns will be made in the new Public Health Bill, which will probably have been laid on the table of the House of Commons before this journal reaches many of our readers. In Sir CHARLES ADDERLEY'S Bill of last session the collection of such returns was provided for, and the Local Government Board was to bear their cost and prescribe their form. What method of collection Sir C. ADDERLEY contemplated was, so far as we remember, left unexplained. Presuming that Mr. STANSFELD will avoid encumbering his Bill with details, we trust that his expository statement will contain a full indication of the manner in which he proposes to collect the returns, and of their scope; for it is upon this practical part of the question alone that any difference of opinion exists. We are all agreed about the need of sickness returns, but it appears that we do not all think alike as to the best way to get them. The Royal Sanitary Commissioners themselves have not made it quite clear that their ideas were very settled in this respect, for in one part of their report they recommend that the duty of registering disease and sickness should be confided to the Registrar-General *and his district registrars*, while elsewhere they seem to approve of the plan of collection proposed by Mr. LEWIS, which sets aside the district registrars in favour of the local medical officers.

So far as the central machinery is concerned, we adhere to the opinion we have always held, that the sickness returns, being complementary to the death returns, should be compiled under one direction; but whether this can best be effected by giving the sickness returns to the Registrar-General, or by taking away from him the death returns and creating a new statistical branch for sickness and mortality more immediately in connexion with the medical department at Whitehall, is a matter of secondary importance.

As regards local machinery the whole thing appears to us perfectly simple. You want to know the number of certain cases of sickness attended, say, by the Poor-law

medical officers throughout the country; and this information, in different degrees of detail, is required for a local as well as an imperial purpose. Locally, it is necessary that, where a medical officer of health exists, he should be supplied with frequent and full particulars of the movement of disease within his district, in order that he may effectually discharge his duties towards the section of the population under his care. But it is of small avail that a man takes precautions against fire in his own house if his neighbour's house is in flames, while his party-wall is imperfect, and the engines delay to come, and the water cannot be got at. And the health officer of one district, who finds his efforts to prevent disease frustrated, requires to know in broad outline what is the state of things, not only in the district next door to him, but also—taking the amount of existing inter-communication into account—what is going on in other parts of the country. This information the State undertakes to collect and distribute. Obviously, if it is to be of any use, it must be prompt; and this at once implies that it must be as brief as is consistent with the object to be accomplished. A system of sickness returns, then, involves nothing beyond the frequent transmission of summary statements to the central office, the full details being reserved for local use. Now there are some critics who maintain that the Poor-law medical officers cannot be trusted to make these summaries, and that the details of all the cases of sickness recorded by these gentlemen must first undergo revision by the district medical officer of health, who alone is supposed to be competent to make and transmit the summary to the central office. We have several objections to this proposal: first, it must necessarily involve delay; secondly, it presupposes the existence of a skilled medical officer of health in every district; and, thirdly, it imputes to the Poor-law medical officers an amount of incompetence which we decline to endorse. It seems to us to be straining at one of the smallest of scientific gnats to assume that, in respect of the few diseases with well-known characteristics which would be alone involved in the summaries for use at the central office, the very men who personally attend the cases could not be trusted to diagnose and record them with sufficient accuracy for all practical purposes. By all means let the local details be available for the closest scrutiny by the health officer, where there is one, and let us have periodical reports from him in such shape as to satisfy the requirements of medico-sanitary science. And then let the central office collate these local scientific reports into one annual volume, which would thus become an epitome of the sanitary history of the whole country. But this permanent record stands quite apart from the first object which a national system of Sickness Returns should subserve—namely, the prompt acquisition by the central authority of a knowledge of the movement of diseases of an infectious character whose spread it is the main object of the sanitary law to prevent. Local self-government is an admirable institution; but past experience forbids the hope that we can dispense with State supervision, and if that supervision is to be effective it must have as its basis an intelligence department prompt and methodical in its organisation. The compass of the Returns should be, as we have said, extremely limited, even more so than the London Returns of 1857–58; so that the maximum of accuracy with a minimum of labour and cost may be achieved. We do hope that those who are disposed to be crotchety about these Sickness Returns will recognise the desirability of letting the Government make a trial of anything which promises to work out useful results, even though falling short of that ideal perfection which is much more easily attainable on paper than in practice.

SIR J. PAKINGTON rightly characterised the present behaviour of the Government, with reference to the Contagious Diseases Acts, as timid and unworthy, and as permitting the triumph of prejudice and clamour over reason and truth. Mr. BRUCE's convictions impelled him, in introducing the Government Bill, to freely acknowledge that the Acts have been the cause of unmixed good in preventing disease, in diminishing prostitution in all its forms, and in securing a greater degree of public decorum in the streets; and yet in the same breath he announced his cowardly pandering to the popular clamour of those who are bent on preventing the extension of the present kind of legislation relative to venereal diseases, and on securing by any means, fair or foul, the repeal of existing enactments, and who have shown too frequently how grossly ignorant they are of the real effects of the Acts now in force.

The main provisions of the Government Bill are given in another part of our number. The only satisfactory section of the Bill is that which relates to the protection of innocent women, which we heartily commend. In regard to that portion which refers to the treatment as vagrants of common women found soliciting in the streets, and the detention of such when found diseased after conviction in hospital, it is good so far as it goes. To have been consistent, the Government should have made solicitation by men as much a crime as that by women; and we see no reason why a man committed for insulting women in the streets or importuning passers-by should not, if he be found diseased, be compulsorily detained in hospital, if necessary. If solicitation by men were dealt with properly, it might be possible for modest women to appear in the streets without the risks which they at present run of being insulted by those who ought to be their protectors against personal insult. But this is entirely beside the question. The clamour of the few has achieved a triumph for the moment at the expense of the public welfare; and the Government have shown how Ministers may unworthily sink their honest convictions and their opinions for party purposes.

THE St. George's Charity Organisation have addressed a most valuable appeal to the governing bodies of the Westminster, St. George's, Victoria, and Belgrave hospitals, and to the several free dispensaries of the district, to consider the best method of checking the abuses now incident to out-patient relief. They request that the free dispensaries should, without unnecessary delay, be converted into provident dispensaries, on the ground that not only are the former liable to be productive of great abuses, but that they must present an insurmountable obstacle to the organisation of medical relief on sounder principles.

Medical Annotations.

"Ne quid nimis."

A PEER ON MEDICAL PEERS.

THE creation of a medical peer may seem to be too great an exertion of human power, even in liberal days like these. But the idea is to our mind so reasonable that we shall not abandon it until it is realised, nor hesitate to pronounce as at least timid and conventional the Minister who shrinks from advising such a course to Her Majesty. For some time such a proposal was confined to our own pages or those of medical contemporaries. But lately it has found expression in lay journals. And in one of these, even a peer has pronounced courageously in favour of the creation of medical peers. Lord Houghton, in the January number of the *Fortnightly Review*, suggests that advantage would accrue from the introduction into the Upper House of one or two medical men. His views are worthy of attention. He says, indeed, that not much is to be expected from individuals raised to the House of Lords independently of the hereditary principle—that they rarely feel at home there, though they impregnate the general assembly with something of their own faculty and distinction. Great lawyers, for example, have done little to digest or codify the law. "But all this is no reason," Lord Houghton adds, "why men of great ability, information, or experience should not from time to time be added to the House of Lords, though not in such numbers as to prejudice its constitution. At the present moment, when, owing to the direction of the public mind aided by the pressure of certain distressing events, sanitary subjects are likely to be prominent, the accession of one or two eminent medical practitioners, or men versed in the application of physical science, would assuredly not be unwelcome."

As regards the statement that commoners raised to the Upper House do not do much, or even speak much, it is clear that the best way of overcoming the diffidence or feeling of strangeness which leads them to be inactive and reticent, is by increasing their numbers and making them feel that they are numerous enough to be an influence in the House. The Second Chamber would only magnify itself by encouraging men of special ability, information, and experience. On great occasions it is often admitted that the debates of the House of Lords excel those of the House of Commons in point of dignity and argument. The addition of a few minds trained medically, learned in the etiology of disease, and full of that deep knowledge of human nature which is only to be acquired by the medical students of it, could not but add interest and weight to the debates of the House of Lords on all questions affecting the physical well-being of the people, on which we know so much of their moral and social well-being depends.

Lord Houghton says such additions to the House would assuredly not be unwelcome. He would scarcely use such a word unadvisedly. We may fairly ask, then, how it is that this addition has not been made? The occasion is favourable. The nation is profoundly grateful to medical science, and would not think the creation of a medical peer or two an excessive recognition of it. It has come to see what a crime and what a blunder preventable disease is, and it would think more of legislation if it could suggest means whereby this great evil may be abated. But though the whole sanitary legislation of the country is about to be remoulded, and though the House of Lords has some reputation to maintain in regard to such legislation, Medicine is still to be excluded from the chamber where it would speak with so much effect and advantage.

FEVER IN LONDON.

FROM the annual report of the London Fever Hospital, read by Dr. Broadbent at the annual general meeting of governors on Friday, February 9th, it appears that the present epidemic of typhus, which, beginning in December, 1861, attained its maximum in 1864, has continued to decline, and no revival of this form of fever has followed the invasion of relapsing fever as has sometimes happened, 411 cases having been admitted in 1871, as compared with 631 in 1870. Relapsing fever, the first cases of which were admitted in 1868, and which began to spread with unprecedented rapidity towards the end of 1869, sending to the hospital 769 patients in 1869, 903 in 1870, and 69 in 1871, has apparently entirely disappeared, the fall in numbers having been as rapid as the rise. The last case was admitted in July, 1871. Scarlatina, again, which in 1870 numbered 912 admissions, in 1871 furnished only 268, a marked diminution; and enteric fever, in consequence of a short and wet summer, has been less prevalent, the numbers being in 1870, 595; and in 1871, 308. The characteristic eruption of typhus was noted in 400 out of the 411 cases admitted, or in 97·3 per cent.; and the eruption of enteric was observed in 162 out of the 308 admitted, or in 52·5 per cent.

The mortality in the cases treated to their termination was as follows:—In typhus, 16·66 per cent.; in enteric, 15·29 per cent.; in scarlatina, 12·5 per cent.; and the mortality for all cases was 15·37 per cent. Of 1741 cases of relapsing fever admitted during the epidemic, 30 died—a mortality of 1·72 per cent.

Dr. Broadbent took occasion to remark on the late stages at which cases of fever were often sent to hospital, no less than 70 having died within forty-eight hours of admission, and one being found dead on reaching the institution. Deducting these, the gross mortality was only 10·32 per cent. It was observed that cases of enteric fever were even sent after the occurrence of hæmorrhage from the bowel—a course much to be condemned. In scarlatina a curious discrepancy was noticed to exist between the mortality among the males and females, it having been 18·8 per cent. among the former and only 8·7 per cent. among the latter. This was partially explained by the fact that, while the number of children under ten years of age, when the disease is most fatal, was nearly equal in the two sexes (36 males and 31 females), a much greater number of females than of males above the age of ten was received (65 males and 136 females), women being more exposed than men to the contagion of scarlatina in the performance of domestic duties.

DR. LIVINGSTONE.

THE search-expedition, according to Sir Henry Rawlinson at the Geographical Society's meeting on Monday, is already *en route* for Zanzibar. Of the £5000 already in hand for defraying its expenses, £2800 will have been laid out by the time the exploring party leaves Zanzibar, while the remainder will be reserved for probable contingencies. Lord Granville, whose interest in the expedition is such that he offered from his own purse £1000 if Captain Burton could act as leader, has addressed the Sultan of Zanzibar in a letter, recommending to His Highness's good offices the enterprise set on foot by the Geographical Society as one in which the Government and people of England were anxiously concerned. His Lordship has further authorised Dr. Kirk, the consul there, to apply to the purposes of the expedition the sum of £654, the balance of the Treasury grant of 1870. At Zanzibar a telegram will shortly arrive, ordering the preparation of escort and porters for the expedition—letters having been received from Dr. Kirk as recently as Decem-

ber 16th, showing that, while no news from the interior had been obtained since September, the war now raging between the Arabs and the people of Unyamwesi would necessitate the adoption of an entirely new route for the expedition now on its way. No enterprise could have started under better auspices than that of Lieutenant Dawson; and if it succeeds, which we fervently hope it may, the gratitude of the country will certainly be due to the Royal Geographical Society.

THE CHEMISTRY OF THE TESTIS.

THIS subject, which has received but little attention from former observers, has been recently investigated by Dr. Treskin in the laboratory of Professor Hoppe-Seyler. In his experiments the tunica albuginea was removed from both testes in the steer, roedeer, and goat; and the proper gland-substance, after minute division with glass rods, was macerated for six hours in ten times its volume of water. This, being evaporated, furnished—1. *The watery extract.* The residue of the gland was submitted for the same length of time to the action of a weak solution of common salt, which gave—2. *The saline extract.* The residue of the gland-substance was then placed in warm alcohol, and kept in a warm-water bath for some time, thus furnishing—3. *The alcoholic extract.* Lastly, some water was added to withdraw the alcohol, and the mass was then immersed in a solution of soda for two days, yielding—4. *The alkaline extract.* 1. The watery extract was acid, and cloudy even after filtration, and gave an abundant precipitate with a little acetic acid. The precipitate was insoluble in solution of common salt, and, therefore, was not of the nature of globulin, but agreed in its chemical characters with alkali-albumen or acid-albumen. Further somewhat complicated research showed that the watery extract contained leucin, tyrosin, chloride of potassium, chloride of sodium, and an organic acid the precise nature of which was not examined. Alcohol took up from the watery extract evaporated to dryness leucin, tyrosin, and chloride of potassium, and on one occasion kreatin was found. Phosphoric acid and inosite also formed a constituent of this extract. Dr. Treskin noted the presence of kreatinin, but is unable to say whether it existed preformed, or proceeded from the kreatin already shown to exist in this extract. 2. The saline extract contained globulin and a myosin-like substance. 3. The alcoholic extract contained cholesterine-lecithin. 4. The soda extract appeared only to contain some salts and a little mucin. The percentage of water in the testis was 86·72, and Kölliker had already shown that in cattle, the solid residue being 13·035, the organic substances amounted to 11·427, and the inorganic to 1·308. Special examination for glycogen in the testes of dogs (not at pairing time) failed to detect any trace of its presence.

EXTRAORDINARY CASE OF FEIGNED DISEASE.

IN days gone by we were accustomed to hear of the prevalence of feigned diseases among our soldiers and seamen; and men who had "no stomach for the fight" would occasionally even go so far as to undergo the torture of self-inflicted injuries and mutilations to escape the public services. But we believe that the details which we lay before our readers this week constitute a history which is nearly, if not altogether, unique. The hero of the story must be one of the most consummate actors of his age; and after "doing" the metropolis, we may suppose that he is now "starring" it in the provinces. He has displayed an amount of skill in simulation, a stock of endurance, and a steady perseverance in working out his ends, such as deserve recognition, for they do not fall to the lot of ordinary mortals. When we read of the variety of treatment to which he has been subjected we may believe that he might apply to himself, if any man could, the words of the well-known epitaph—

> "Affliction sore long time I bore
> Physicians were in vain."

But it is clear that our hero had as little intention of dying as of being found out. Many were the occasions on which he was suspected of being an impostor, but whenever the attentions of those about him became too marked, and he was upon the eve of being unmasked, he seems to have had recourse to the better part of valour, and to have disappeared from the scene—only to bob up again in another place with another and a new disease. On occasion, too, he could assume the dignified and reproachful bearing of injured innocence as readily as he could mimic the manifestations of disease. How many hospital statistical tables he must have falsified in his time? What a godsend such a patient would prove to the man with a firm faith in some new theory of disease and bran-new remedy for its cure! It is impossible to put oneself behind the consciousness of such a man, but we are tempted to wonder what was his view of life and his estimate of his fellow mortals? What a book the fellow could write from "the fallacies of the Faculty" or the "weak side of human nature" point of view. He beats the "female Jesuit" into fits, and we regret that he had no opportunity of beguiling Barnum. However, we are not going to spoil the readers' fun by entering upon the history of his shams and impositions—the details of which are graphically set forth, and they are, to our minds, well worthy of study.

THE EXAMINATIONS FOR THE PUBLIC MEDICAL SERVICES.

DURING the week the competitive examination of candidates for commissions in H.M.'s Army, Navy, and Indian Medical Services has been taking place at the University of London. As we are frequently asked as to its nature, we may state a few particulars. In addition to the written examination in Anatomy and Physiology, Surgery, Medicine, Natural History, Physics, &c., there is a *viva voce* examination, and the candidates have to investigate and clinically report on some medical and surgical cases in attendance at Burlington House, and subsequently on some in-patients at the wards of a hospital. The practical examination also includes surgical operations, and the application of surgical appliances. At the suggestion of the present Director-General of the Army Medical Service, any candidates who desire to do so can be examined in modern languages; and this part comprehends the reading, translating, and conversing in the languages which the candidate elects to be examined in. We regard this as an excellent and novel feature, and think that those who take up modern languages should have the power of scoring a larger number of marks than is allowed at present. We believe that the Indian Medical Service has 40 vacancies and 50 competitors, and the British Medical Service 12 vacancies and 21 competitors; but the requirements of the navy are said to exceed the number of candidates that have come forward.

THE MINES REGULATION BILL.

THIS measure, introduced by Mr. Bruce, is of a satisfactory character, and we hope that it will become law without loss of time or a surrender on the part of the Government of any of its more important parts. Boys are not to be employed under ten years of age, and between this age and thirteen are to be half-timers; those between thirteen and sixteen are not to work more than fifty-six

hours a week; whilst for all under sixteen an interval of at least twelve hours' rest is to be secured between each day's employment, provision being made for a half holiday on Saturday. Proper meal-time is to be allowed to everyone whose period of work exceeds five hours. The Bill provides that proper regulations shall be made for each mine, which is to be under a certified manager, and, for the enforcement of these rules, by a competent staff of inspectors. With such a machinery, and with no jobbery in the appointments, there should be less physical injury inflicted upon the workers in mines by permitted violation of hygienic laws, and there should be a less number of accidents.

MEDICAL BARONETS.

SEVERAL inaccurate statements having appeared from time to time respecting medical baronetcies, we have prepared the following statement on the subject, which we believe to be exact. The following is a list of practising physicians and surgeons who were created baronets as a professional reward:—Edward Greaves,* M.D., 1645; Hans Sloane, M.D., 1716; Thomas Molyneux, M.D., 1730; Edward Hulse, M.D., 1738; Edward Wilmot, M.D., 1759; William Duncan, M.D., 1764; John Pringle, M.D., 1766; Edward Barry, M.D., 1775; Clifton Wintringham, M.D., 1776; George Baker, M.D., 1776; Cæsar Hawkins, 1778; Lucas Pepys, M.D., 1786; Walter Farquhar, M.D., 1796; John Hayes, M.D., 1797; Francis Milman, M.D., 1800; Henry Halford, M.D., 1809; Gilbert Blane, M.D., 1812; William Knighton, M.D., 1813; Everard Home, 1813; James Wylie, M.D., 1813; Wathen Waller, 1814; David Dundas, 1815; Matthew Tierney, M.D., 1818; Astley Cooper, 1821; Patrick Macgregor, 1828; James MacGrigor, 1831; Charles Clarke, M.D., 1831; William Russell, M.D., 1832; Stephen Hammick, 1834; Benjamin Brodie, 1834; James Clark, M.D., 1837; Henry Marsh, M.D., 1839; Philip Crampton, 1839; Henry Holland, M.D., 1853; Charles Locock, M.D., 1857; Thomas Watson, M.D., 1866; William Fergusson, 1866; James Simpson, M.D., 1866; Dominic Corrigan, M.D., 1866; William Lawrence, 1867; William Jenner, M.D., 1868; James Paget, 1871; Robert Christison, M.D., 1871; William Gull, M.D., 1872. The total being 31 physicians, and 13 surgeons. Sir A. Douglas, Sir A. Bannerman, Sir Henry Northcote, Sir George Hampson, Sir James Stonehouse, Sir William Dundas, Sir Richard Croft, and Sir G. Duncan Gibb, all succeeded to family baronetcies whilst practising medicine. Sir George Staunton, Sir Robert Wigram, Sir J. Hutton Cooper, Sir J. Kay Shuttleworth, and Sir Charles Nicholson, practised medicine for a time, but were created baronets for services unconnected with the medical profession.

THE CONVEYANCE OF CHOLERA.

WE may direct our readers' attention to a communication, for the publication of which in our columns we are indebted to the courtesy of Sir Galbraith Logan, who has rightly deemed the facts set forth by Deputy Inspector-General Dr. Lloyd worthy of attention at the present time. The occurrences relate to the steamship *Franklyn*, and we may briefly recapitulate them. A steam-vessel left the north of Europe for America in October last, with a large number of emigrants, chiefly Germans. Cholera and other diseases broke out on the voyage, and rapidly spread among the emigrants, who were overcrowded on board a vessel the sanitary condition of which was extremely bad. Eight days after leaving Christiansand the first death occurred. She communicated with Halifax, N.S. No cholera was prevailing there at the time; indeed, no cases of that disease had occurred since 1866; and, so far as we know, the village twenty-two miles distant from Halifax where this outbreak of cholera occurred, may be described as virgin soil as regards the prevalence of that disease. Shortly after the arrival of the vessel, a man who had gone on board to supply her with water was seized with cholera and died. Another man, employed on board in coaling, was seized with symptoms of the disease. He was driven in a cab to a house at Chezetcook, where he ultimately recovered. A woman, his cousin, who resided in another house, but who had attended on him, was next attacked and died. Then the sister of the man residing in the same house was attacked, but recovered. Another member of the same family, who had been attending the others, and laid out the body of the woman who died of cholera, was attacked by and succumbed to the disease; and, lastly, a female child, aged five years, residing in the same house, exhibited symptoms of cholera, but recovered.

* There is some doubt whether Sir Edward Greaves was ever legally created a baronet; but Dr. Munk, a great authority, claims him as the first medical baronet.—Vide Roll of College of Physicians, vol. i., p. 60.

EDINBURGH UNIVERSITY.

PUNISHMENT, by no means too severe, has been visited on the ringleaders of the riot during Sir Wm. Stirling-Maxwell's address last week at Edinburgh. After an inquiry into the disgraceful proceedings, the Senatus of the University have rusticated one student, and have fined and put on probation for the rest of their College career several of his more conspicuous aiders and abettors. It is urged in extenuation of the conduct of the undergraduates that some of the rioters were "not students at all." This we readily admit; the youths who played on Jews' harps and propelled peas through tin-shooters during an able and eloquent address, which concluded with the offer of a handsome yearly prize as an incentive to study, have little or no claim to the title of "students." Even supposing, however, that some of the rioters were not *cives* of the University, we see nothing in the fact to exonerate the bulk of Sir Wm. Stirling-Maxwell's audience; on whose part an even moderate manifestation of attention and good breeding would have overawed any "larkiness" attempted by interlopers. The truth is, a class of young men, inferior socially to their predecessors of ten years ago, now resort to the Edinburgh school, which has lost much of its attractiveness now that London and other seats of learning are so well appointed and so efficiently worked. The punishment inflicted by the Edinburgh Senatus has come *pede claudo*. If that body had been vigilant to protect the interests of the University, they would have visited with the same severity the equally disgraceful and far more cowardly conduct of the undergraduates towards the lady-students some fifteen months ago.

INCOME TAX.

IT is to be hoped that the Chancellor of the Exchequer will take the present opportunity of attempting to redress the grievous injustice done to the members of professions by the Income tax, and especially done by himself in increasing the tax so seriously last year. If the inquisitorial impost cannot be abolished altogether, incomes dependent on the continuance of life and health should at least be distinguished from incomes derived from property or invested capital. A special effort is being made by the Chambers of Commerce throughout the country to procure the abolition of Schedule D; and, in the name of the medical profession, we wish that effort success. We would urge on our readers the wisdom of asking representatives in Parliament to support this movement. Money is easily got by a straight dip into the pocket; but it is a heartless

proceeding to take it so without considering how it has been procured, and how much has to be done with it. If Mr. Lowe knew how arduously medical incomes are acquired, and how uncertain of continuance they are, he would not think them fit material for Income-tax purposes.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society on Tuesday evening, the paper read was by Dr. Broadbent, and contained an elaborate argument concerning the relation of the nervous centres to speech and language. The paper was full of anatomical detail and of close physiological reasoning; and was not of a character to be followed by debate, although various Fellows put questions for the purpose of clearing up points of the argument concerning which they were in doubt. Prior to adjournment, the President announced that the Society would not meet on the 27th, as that was the appointed Day of Thanksgiving for the recovery of the Prince of Wales.

THE CLINICAL SOCIETY.

THERE was a fair attendance of this Society on the 9th inst., when the surgeons took the field, and resumed a discussion on the treatment of aneurism, instigated by Mr. Cooper Forster's paper read at the previous meeting. Two-thirds of the prescribed time was thus usefully occupied, and Mr. Hulke followed with a long but very interesting and carefully compiled list of cases of cancer treated by condurango. The paper was briefly supplemented by Mr. De Morgan, and Mr. Arnott very pertinently remarked that the valuable results obtained from such investigations should be made known far and wide, in order to guard a credulous public from the thousand and one so-called remedies for cancer.

SANITARY SUPERVISION ON THE THAMES.

A DEPUTATION from the Thames Shipping Inspection Committee, accompanied by Dr. Dickson, R.N., and Dr. Letheby, had an interview with the President of the Local Government Board on the 8th inst., in order to urge the insertion of a clause in the forthcoming Public Health Bill that would directly define the responsibilities of river nuisance authorities in London and all other ports of the kingdom, as well as provide for the cost of systematic supervision. The opinion of the deputation appeared to be to the effect that the expense of any sanitary inspection, undertaken with respect to the shipping on the Thames, should be shared equally by all metropolitan as well as water-side districts. Mr. Stansfeld, however, did not agree with the deputation on this point, but concluded the interview by promising that in the forthcoming Bill great facilities would be afforded for an improved system of combined working on the part of local authorities, both in financial and administrative matters.

A FORK-SWALLOWER.

WE have received from Florence a copy of *Il Lampione*, a quasi-comic journal, one whole side of which is occupied by a portrait of a certain Egisto Cipriani, who is all the rage apparently at the present moment from the fact of his having swallowed a large dinner-fork—the portrait of which is also given! The young man, who is two-and-twenty, was drinking in a *cabaret* about a month ago with some companions, and out of bravado swallowed the fork before many witnesses. The patient is in the hospital S. Maria Nuova; he is visited by crowds, and appears to suffer no present inconvenience from his precious ingestum. The surgeons have used probangs with metal ends without discovering the fork, and the patient has used the instrument himself with no better success. We may recall attention to a case recorded in the fifty-third volume of the Medico-Chirurgical Transactions, in which Mr. Louis Little detected in the stomach a metal plate with artificial teeth, and successfully extracted it, through the gullet, by means of an ordinary "coin-catcher." It is satisfactory also to know that seven cases of gastrotomy for foreign bodies, recorded by Mr. Durham in Holmes's Surgery, all proved successful. One of these foreign bodies was a silver fork, and the operation was not undertaken till eight months after it had been swallowed.

"WANDER MADNESS."

ALTHOUGH our authorities on insanity do not, we believe, describe any special form of the disease to which they give the above name, it is well known that a strong disposition to wander from home and friends does sometimes occur at the commencement of an attack of mental derangement. We sincerely hope that M. Bauer, whose mysterious disappearance is causing so much surprise and anxiety to his friends, will yet put in an appearance, but it is certainly probable, considering all the circumstances of the case, that the unfortunate gentleman has been mentally afflicted, and that the mysterious letters were written and sent by him under the influence of delusions and fears generated by madness.

CASE-TAKING IN HOSPITALS.

MR. EDWARD LUND, surgeon to the Manchester Royal Infirmary, has published some "Suggestions" for a ready method of recording surgical cases in hospital practice. It may be that the practical working of the plan is more simple than its principles, but we fail to see any great superiority in this over other systems of case-taking. Nevertheless the pamphlet (a reprint from the last number of the Manchester Medical and Surgical Reports), is worthy of perusal. It must be remembered, however, that no amount of simplicity in system will compensate for lack of industry on the part of the clinical assistant. All visiting physicians and surgeons find this out from hard experience as their juniors come and go, and know that temperature, pulse, respiration, and other noteworthy matters are punctually scored from day to day by one man, and almost as systematically slurred over or neglected by another. Good clinical assistants are rare birds, and should be valued accordingly.

THE VENTNOR CONSUMPTION HOSPITAL.

WE insert elsewhere a very full account of this institution, contributed by Dr. Arthur Hill Hassall. It is not necessary to repeat the reasons that we have many times recorded in favour of the "cottage hospital" system, but we may take leave to remark that its warmest advocates sometimes forget that an aggregation of cottage hospitals does not represent the system fairly or faithfully. We commend this important point to the consideration of the managers of this hospital, and heartily hope for its success.

MAURITIUS.

THE latest accounts from this island are not yet of a very encouraging nature. As a military station the Mauritius cannot now be called an important command, for the garrison has been much reduced, and the officer in command of the troops is no longer a general, but of the rank of a colonel. At the end of the year—the hot season at the Mauritius—there was a good deal of fever and dysentery

prevailing among the civil population, and the death-rate from these causes was high. The military were upon the whole healthy, but mild attacks of malarious fever were of common occurrence among them. Much has been done towards improving the drainage and sanitary condition of the island, but a great deal yet remains to be accomplished.

RADCLIFFE STUDENTSHIPS.

THE Radcliffe trustees, anxious to aid one or more advanced students in the scientific study of preventive or curative medicine, offer £10 a month, for three months, to a student of St. Bartholomew's, Guy's, or St. George's Hospital, desirous of working for that time in Oxford. He will have opportunities of studying physics, chemistry, geology, the higher parts of biology, clinical and sanitary medicine. Candidates must be recommended on intimate personal knowledge by the dean or secretary of their medical schools, and will not be submitted to an examination. Their names must be sent to Sir James Paget, Sir William Gull, or Dr. John W. Ogle, on or before February 20th. The first election will be in the last week of February. There will be an election of another student in April. Candidates are requested to state in their application during what months other than the long vacation they would prefer to reside.

HABITUAL DRUNKARDS.

WE are authorised to state that Mr. Dalrymple, M.P., having obtained a Committee on the question of the management of habitual drunkards, desires to place before that Committee the best attainable evidence with regard to the pathological condition of an oinomaniac, and with regard to how far this condition admits of cure, as well as upon the relative suitability of punishment and of treatment. The subject to be inquired into is one of which it would scarcely be possible to exaggerate the importance; and we trust that members of the profession who are familiar with it, or who have to make any well-considered suggestions that bear upon it, will communicate with Dr. Dalrymple without delay.

RAILWAYS AND PUBLIC PARKS.

EVERYONE who knows Birmingham is probably acquainted with a public park or chase in its neighbourhood, like Bagshot or Windsor, of about 3000 acres, including woods, lakes, and a small portion of cultivated ground. Sutton-park forms one of the principal lungs of a district which includes, in a radius of twenty miles, the principal part of the Birmingham and Wolverhampton coal and iron field, populated by a million of inhabitants. The thousands who have occasionally visited the park will learn with dismay that there is a proposal to run a railway right across the best portion of it, destroying the picturesque character of the scenery, taking a large part of the surface soil, and cutting off communication between one side and the other. From a sanitary stand-point, the injury, destruction, or enclosure of large parks and open spaces is most lamentable, especially when these happen, like Sutton-park, to be in the neighbourhood of great centres of population.

COOKRIDGE CONVALESCENT HOSPITAL.

THE annual meeting of the subscribers to this hospital took place on the 1st inst. at the Town-hall, Leeds. The Mayor of the town presided. The report showed that during the past year 1081 patients had been admitted into the institution. It appears that the "weighing" plan is adopted here with great exactness. Mr. Miller reports that 859 patients gained on an average 5¼ lb. each, 45 lost at the rate of 1¼ lb. each, and 26 neither gained nor lost. The increase of weight varied considerably at different periods of the year. In the six months from the 1st of April to the 1st of October the average increase in weight was $5\frac{1}{10}$ lb.; in the first three months of the year, 6¼ lb.; and in the three last, 7¼ lb. Mr. Miller does not consider that this result arises "from the hospital being less salubrious in the summer months, but from the much larger proportion of true convalescents admitted in the winter." The receipts for the year amounted to £11,489.

SANITARY STREET-WATERING.

WE are glad to place on record that the Paddington Vestry has contracted with Mr. Cooper to water the streets under their jurisdiction, for the next twelve months, with his patent saline solution. A very vigorous attempt was made to influence the vestry in the interest of former contractors; but this attempt chanced to be supported by assertions so inaccurate that, on being inquired into, they produced a reaction in Mr. Cooper's favour. As the Paddington contract is the first of the year, it will probably induce other vestries to follow the good example set them; and we may reasonably hope that a large portion of the metropolis will be spared, during the ensuing summer, from the alternations of slush and ammoniacal dust with which we are, unfortunately, familiar.

THE Edinburgh University Court has replied to Miss Jex-Blake's protest. In so far as Miss Jex-Blake merely requests that arrangements should be made for completing the medical education of herself and her friends, the Court is willing to acquiesce. If a list of extra-academical teachers of the medical subjects required be submitted by the lady students or the Senatus, the Court will consider the fitness of those teachers, as well as the conditions and regulation of the classes to be conducted by them. It is, adds the secretary of the Court, to be distinctly understood that these arrangements imply no right in women to obtain medical degrees.

IN THE LANCET of November 4th, 1871, we referred to "break-bone fever," which had appeared among the garrison of Aden. We now find, from the first number of the *Archiv. de Méd. Navale* of this year, that M. Vauvray, a surgeon of the French navy, has observed a fever of a similar character at Port Saïd (at the entrance of the Suez canal). This so-called "dengue," though disagreeable, proved no more fatal at Port Saïd than at Aden.

A POSTHUMOUS work of the late Prof. Robley Dunglison, of Philadelphia, will shortly be issued by his son, Dr. Richard Dunglison. The book will be a History of Medicine from the earliest ages down to the commencement of the nineteenth century, and will contain a mass of information of interest to the non-professional as well as professional reader.

KING'S COLLEGE, Cambridge, offers an exhibition of the value of £80 per annum for proficiency in Natural Science. The examination will be on the 9th of April, and open to all candidates under twenty years of age. There will be a paper in Classics and Mathematics, as well as papers in Physics, Chemistry, and Physiology.

A DIFFERENCE has lately taken place in a benevolent society of Paris which interests all those who think that the ever-recurring appearance of house-lists, pivoting upon the same class of men, is an abuse which should now and then be attacked. Of course these house-lists are useful, but the occasional infusion of new blood is a healthy measure,

which is, more or less successfully, sometimes attempted by extraneous pressure. The society here alluded to is the "Société de prévoyance des médecins de la Seine." At a late general meeting the only effort made was to substitute the name of a well-known journalist for that of a hospital physician—both men of merit and irreproachable character. The press fought for the former, the committee for the latter; and matters grew so hot that the journalist gave up the struggle at the eleventh hour. Though the effort was unsuccessful, it will, at a next election, make the committee seriously consider the propriety of the infusion above alluded to, and may perhaps serve as a hint to committees nearer home.

AT the meeting of the Council of the College of Surgeons on the 8th inst. it was determined to appoint, at their next ordinary meeting, a committee of five members, in addition to the president and vice-presidents, to consider and report to the Council on the conditions upon which members of twenty years' standing should be elected to the Fellowship under Section 5 of the Charter of 1852. Mr. Hancock was elected Hunterian Orator for 1873.

PROFESSOR ROLLESTON has been elected a Fellow of Merton College, under the ordinance of 1854, which founded the Linacre Professorship of Physiology, and endowed it out of the revenues of Merton. Professor Rolleston was originally a Fellow of Pembroke, and was appointed to the Professorship of Physiology in 1860.

THE Darjeeling Chinchona Association had, on the 31st of December, 1871, no fewer than 1,320,858 plants in permanent plantation, 303,000 in nurseries, and 6802 as stock plants or in propagating frames—making a grand total of 1,630,667 plants.

EMINENT counsel having decided that the election of Mr. Ruskin, as Lord Rector of the St. Andrews University, is illegal, on the ground of his already holding a professorship in another seat of learning, the office reverts to his unsuccessful rival, Lord Lytton.

THE Medical Club, of which Dr. Livingstone is an honorary life member, has opened a subscription towards the Livingstone Search and Relief Fund. The first instalment of £10 has been forwarded to the Treasurer.

M. MAREY, so well known by several highly useful physiological works and discoveries, has just been elected a member of the Academy of Medicine of Paris. He obtained 43 votes out of 72.

THE commissariat department attached to the Looshai forces is stated to be in a most execrable condition. The beef, mutton, and pork are so bad that all who have partaken of either are suffering from dysentery or diarrhœa.

PROFESSOR HUXLEY, whose visit to Egypt on account of ill-health we mentioned last week, has tendered his resignation on the School Board. His illness has assumed a phthisical form.

AT Lincoln the Inspector of Cattle Health receives £70 a year; whilst the Medical Officer of Health receives but £15 a year for similar services rendered to human beings.

DR. C. J. B. ALDIS has, we understand, sent in his resignation as Consulting Physician to the National Hospital.

THE Liverpool Corporation on Wednesday resolved to appoint a public analyst at a salary of £200.

WE understand that the conjoint scheme agreed to by the Royal Colleges of Physicians and Surgeons of London has passed the Congregation of the University of Oxford, not, however, without some opposition, 17 members voting for and 10 against it.

Public Health.

THE DUTIES OF MEDICAL OFFICERS OF HEALTH.

No. II.

AT present no two authorities agree as to the nature and scope of the duties required of a medical officer of health, and in practice there is very considerable difference amongst the officers themselves. Now and then medical men are requested to undertake the duties without any remuneration whatever. Local authorities seem to think that the honour of acting as a public servant is quite sufficient for medical men, and the latter have, unfortunately, given some countenance to the idea by being so ready to act as honorary officers to hospitals and dispensaries; indeed, they continually act as if the medical profession were the only one really benefited by gratuitous public work. But it is not so with the lawyers; town clerks, clerks to magistrates, &c., derive just as much private advantage from their public position, and yet they are all well paid. It would, therefore, be well for medical men to pause before they accept office without a fair and proper salary. But the profession is somewhat to blame in attempting, as they have sometimes done, to perform the duties of health officers in the intervals of private practice. They just drop in upon a nuisance as they do upon a patient, and they give general orders for its removal in somewhat the same way as they write a prescription; in fact, the idea is limited to carrying out those vague principles of public health which every qualified member of the profession is supposed to have acquired in the ordinary course of study at the schools. But, as Parent du Chatelet observes: "A man may have exhausted medical literature, he may be an excellent practitioner at the bedside, a learned physician, and an eloquent professor; but all these acquirements in themselves are nearly useless in a council of health"; and he goes on to say that a health officer should be a physician who has made public and political hygiene his special study. In one sense it is desirable that every medical man should be an officer of public health—that is, he should be obliged to contribute the results of his medical experience to the general stock of information. His patients form part of the evidence respecting public health; and unless he has a place in the public system, this evidence is lost. It is evident also that this experience must be collated by a special officer, to whom likewise will be referred all those complicated questions affecting the public health which are altogether outside the range of professional observation. The original Board of Health, to which we are indebted for some of our soundest information on sanitary questions, came to the conclusion that the general duties of an officer of health "should in no case comprehend treatment for the cure or alleviation of disease." But this was too much in advance of the possibilities of the case, and they afterwards wrote: "The occupation of an officer of health will not usually be inconsistent with his devoting a portion of his time to certain other professional engagements. But, where possible, it will be well to debar him from the private practice of his profession; first, because the claims of such practice would be constantly adverse to those of his public appointment, the duties of which (especially at times of epidemic disease, when his official activity would be most needed) private practice could scarcely fail to interrupt and embarrass; secondly, because the personal relations of private practice might render it difficult for him to fulfil with impartiality his frequent functions of complainant; and, thirdly, because, with a view to the cordial good-will and co-operation of his medical brethren, it is of paramount importance that the officer of health should not be their rival in practice, and that his opportunities of

admonitory intercourse with sick families should not be liable to abuse for the purposes of professional competition." At first sight it might seem that the Poor-law medical officers, who hold their appointments permanently, should be excepted from this rule, and, from some paragraphs in the report of the Royal Sanitary Commission, it has been inferred that they propose to make them the sole sanitary officers in their respective districts. But in reality there is the same objection to placing them in this invidious position; indeed, the Council of the Poor-law Medical Officers' Association have wisely resolved to oppose the proposal should it be included in the forthcoming Sanitary Bill. It is, however, necessary to observe that the appointment of a special health officer involves the formation of considerable areas, and although this difficulty may be reduced by the Government having large powers for combining local authorities for this and other kindred purposes, there will yet remain large areas in which, after all, the man best qualified to fill the post of health officer will be a Poor-law officer, and engaged in private practice. With due regard to the probability of such exceptions it is desirable that medical men, if they undertake to become officers of health, should at once announce their intention to make their public duty their primary occupation, and should insist upon a salary sufficient to cover the loss. And we think it may fairly be conceded that the duties of a medical officer of health are compatible with practice as a consultee; indeed, there are many cases in which considerable advantages would accrue from such a combination.

HEALTH OF LONDON AND THE LARGE TOWNS.

The deaths in London and the seventeen other large towns last week were again in the comparatively low annual ratio of 25 per 1000. The Greenwich mean temperature for the week was 8° above the fifty years' average, the excess on Tuesday and Saturday amounting to as much as 10° and 11°. The fatal cases of small-pox increased somewhat on the previous return, but they were below the recent weekly average. Norwich and Wolverhampton continue to suffer from this disease to an extent which really demands investigation, the fatal cases in both towns constituting one-third of the mortality from all causes. None of the other towns have experienced anything like the fatality which has prevailed in these two for many weeks past, and it is obvious that there must be some good reason for this which ought to be publicly known. In London, again, the noticeable feature is the reduced mortality from diseases of the respiratory organs, which last year carried off fewer lives by 152 than were lost from the same diseases in the corresponding week of ten previous years, due allowance for increased population being made. It is also worth noting that 42 cases of injury and maiming by horses or vehicles in the streets came last week under the notice of the police within the registration limits of the metropolis. There are usually two or three deaths returned from this cause every week, but we now see how faint an idea of the dangers of the London streets is conveyed by a mere record of the cases which terminate fatally.

THE PURIFICATION OF THE THAMES.

Mr. Bazalgette's scheme for diverting sewage from the Thames is, we fear, scarcely likely to be carried out. There is always a difficulty in receiving the co-operation of many local authorities for any comprehensive measure of this kind, and when to this are added the ignorant fears of the large and influential corporations who enjoy the right of supplying the metropolis with water, it is not to be wondered that the Home Secretary has promised "his most serious consideration to the very grave objections" which have been urged against the plan. We can only regret that Mr. Bazalgette's plan should not have been more fairly considered, as we believe that some common system must eventually be adopted. It is perfectly monstrous that Hampton should be reverting to the "cesspool" system, and that Windsor, Eton, Oxford, Kingston, &c. should pollute the river as they do.

SPREAD OF SMALL-POX.

Dr. Whitmore, in his last sanitary report, draws attention to the repeated concealment of small-pox, and he urges the necessity of some legislative enactment which shall compel every medical practitioner to report without delay all cases of contagious and infectious diseases coming under his professional care. We entirely support the proposal. Does Dr. Whitmore include syphilis?

HEALTH OF SCOTCH TOWNS.

In the eight principal cities and towns of Scotland, there were registered during the month of January 3174 deaths, equivalent to an annual mortality of 36 per 1000. The rate was 23 in Perth, 31 in Paisley, 33 in Glasgow, 34 in Greenock, 36 in Edinburgh, 36 in Aberdeen, 45 in Dundee, and 46 in Leith. Small-pox continued to increase, the fatal cases having risen to 461 from 354 in December, constituting 14·5 per cent. of the gross mortality. Leith, Dundee, Edinburgh, Perth, and Aberdeen, are suffering most severely from the epidemic.

Lincoln.—It is news indeed to hear that there is no cause for alarm as regards the spread of small-pox in Lincoln, as the city is said to be "too healthy, sweet, and clean." So satisfied of this is the local board of health that they have refused to make any hospital provision, although requested to do so by the sanitary committee. Considering that the Lincoln Dispensary staff have complained of the want of hospital accommodation, and looking to the great defects in the drainage of the city, it will not surprise us to find that this economy of the board will eventually be found to be ill-timed.

Salford.—At a meeting of the Town Council held last week, the local system of drainage was strongly condemned. It was stated that a great many of the sewers were much too large to be efficient; that the sewage stagnated in them, ultimately becoming huge cesspools, having in some instances seventeen or eighteen inches of sewage deposit. Energetic measures are evidently needed, and we hope the authorities are stirring in the matter.

Sandringham.—Mr. Rawlinson, C.B., has, we believe, made an official inspection of the sanitary arrangements of Sandringham Hall. As we suspected, those arrangements were found vastly superior to those of country mansions generally. Mr. Rawlinson has simply recommended some small improvements in the ventilation of some of the rooms. He has not reported equally favourably of the water-supply, and we have reason to know that the use of the water most complained of was immediately discontinued after the publication of THE LANCET report.

Stoke Gabriel.—The vestry of Stoke Gabriel, near Totnes, have received a wholesome warning from the inspector of the Local Government Board. Admitting the existence of a most disgraceful state of things, the vestry pleaded that the sanitary officials had never brought the subject before them in due form, but that they had arrived at the conclusion that something must be done. The inspector told them they must translate their intentions into deeds, otherwise the central Board would levy a compulsory rate, and take the necessary wholesome measures itself.

Truro.—The Local Government Board Inspector, Mr. Morgan, has just held an inquiry at Truro; a memorial having been sent complaining of the neglect of the sewer authority to supply sufficient drainage. There is a Town Council, but the sanitary authority is a Board of Commissioners who appear to have exhausted their powers, and to have done little or nothing in the way of sanitary improvement. Great complaints were made as to the condition of the river, into which all the sewage is poured, and Mr. Williams, surgeon, said that typhoid fever had existed for two or three months, and that there were now four cases arising from the abominable stench from the river. Mr. Morgan seemed to suggest the desirability of superseding the commissioners, and of making the Town Council the sanitary authority. It is to be hoped that means will be provided for this in the forthcoming Sanitary Bill.

Edinburgh.—In consequence of the unsatisfactory sanitary state of Edinburgh, the Town Council have unanimously resolved "That it be remitted to the Streets and Building Committee to prepare, with the assistance of the borough engineer, the medical officer of the city, and such other scientific and medical assistance as they may deem necessary, a report (1) on the general system of house drainage and cesspools, including cisterns and waste-pipes, and to prepare a register of the cesspools for the information and protection of the public; (2) on the best system of ventilating the drains of the city; (3) on the present

condition of the burying-grounds, and the expediency of closing the West Church, the Canongate, the Calton, and the Newington burying-grounds; and (4) on the general sanitary condition of the city."

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

DEPUTATION TO THE RIGHT HON. J. STANSFELD, M.P.

On Tuesday an important deputation from the Poor-law Medical Officers' Association waited upon the Right Hon. J. Stansfeld, for the purpose of urging upon him the desirability of introducing clauses into his forthcoming Sanitary Bill, enabling him to extend to the country generally the powers now exercised by the Local Government Board in the metropolis, as regards the formation of dispensaries. The deputation was introduced by Mr. Corrance, M.P., and was supported by E. S. Gordon, Esq., M.P. for the universities of Glasgow and Aberdeen. The deputation was also made up of many provincial members of the Poor-law service, and several honorary members of the Association were present.

Mr. CORRANCE quoted largely from the report of the Royal Sanitary Commissioners, and proved that they had very fully appreciated the importance of providing adequate medical attendance upon the sick poor, and of giving them powers to prevent, as well as cure, disease.

Dr. ROGERS supported the views thus expressed, by reference to Bristol, where there had been a steady advance in the pauperism of the city since the guardians had withdrawn the dispensary system, and had only given their medical officers £22 a year more for attendance, drugs, and dispensing than the drugs alone had cost under the former system. He also quoted the instance of a country union in which increase of pauperism had followed a reduction of the medical staff.

Mr. GORDON, M.P., said that the Committee on the Scotch Poor Laws had reported unanimously in favour of the guardians finding the drugs, and of giving to the central board in Edinburgh power to adjust the salary of the medical officer with due regard to the amount of duty required of him. The Bill embracing these points had been introduced by Mr. Craufurd, M.P., and he hoped that they would find a place in Mr. Stansfeld's Bill.

Several other speakers gave personal experience as to the defects of the present system, and Dr. Stallard bore testimony to the satisfactory working of the dispensary system in London.

Mr. STANSFELD said that he understood the deputation to desire that the district medical officers of the Poor Law might be employed as health officers, and, secondly, that the Local Government Board should ask that the powers now given them for establishing dispensaries in London might be extended to the provinces. With respect to the first, he would ask the medical officers to wait for the full expression of his views till Friday, when he would introduce his Bill; but he could see no objection to their being so employed. With respect to the latter, he would say that in principle he wished the guardians to provide dispensaries in all except very sparsely populated districts, where their introduction might increase the distances the poor would be required to go for medicine. He thought it not unlikely that he would be able to meet the wishes of the deputation. Lastly, something had been said of a reorganisation of the medical districts; that was a question of administration, and would not be comprised in his Bill.

The deputation thanked Mr. Stansfeld for the interview, and retired.

THE UNIVERSITY OF CAMBRIDGE, AND THE CONJOINT MEDICAL BOARD.

A DISCUSSION took place in the Senate of the University of Cambridge on Friday, the 9th, on the report of the Syndicate upon the part proposed for the University to take in the projected scheme for an Examining Board for England. The Vice-Chancellor presided.

Dr. PAGET expressed his belief in the opinion stated in the report, that this scheme "may be adopted by the University with great public advantage." That was the whole gist of the question. He did not know that it would be of any considerable interest to the University, but it would be highly advantageous to the public. The object of the scheme was to reduce the number of examinations, the passing of which would make a man a legally qualified medical practitioner. A great evil arising from the present arrangements was that some of the examining bodies made their examinations easier than others, and thus afforded readier access to the medical profession than they ought. Idle and ignorant students were very quick in finding out which was the easiest board to pass. Therefore it was for the public good that some such scheme as that proposed should be adopted.

The MASTER of ST. PETER'S entirely concurred with the syndicate that this scheme would be of great public advantage, and said that although the University might not derive any direct advantage therefrom, yet they should consider it to be their duty to encourage and promote in every way the medical education of the country.

After some remarks from Mr. TROTTER (Trinity) upon regulations 3 and 7, as to the committee of reference,

Dr. HUMPHRY (a syndic) made a graceful allusion to the earnest interest which the Vice-Chancellor and other non-medical members of the University had taken in this subject; and proceeded to speak of the good which must result from the influence which the University would henceforth exercise upon the public bodies of the profession by the adoption of this scheme.

Dr. BRADBURY and Mr. J. W. COOPER also entered into the discussion, and it was stated that both the Oxford and London Universities had substantially agreed to the scheme, which it was understood would affect present students and not be retrospective.

Correspondence.

"Audi alteram partem."

THE VENTNOR CONSUMPTION HOSPITAL.

To the Editor of THE LANCET.

SIR,—The time has, I think, arrived when some account of the Royal National Hospital for Consumption and Diseases of the Chest at Ventnor will be of interest to the readers of THE LANCET.

This hospital is upon the separate or cottage principle, the advantages of which are in many respects very great, and it is, I believe, the largest example of a hospital designed upon that principle.

The situation is one of the most sheltered and favoured in the whole Undercliff of the Isle of Wight. The plot of ground comprises nearly seven acres, disposed in a series of natural terraces, on the upper of which the buildings already erected stand. It is well sheltered on the north by a lofty range of cliffs, from which the Undercliff itself broke away and subsided some hundreds of feet many centuries ago; to the east it is in a measure protected by a high mound; to the west, the cliffs make a curve, and afford also some shelter in that quarter; while the south is fully open to the sea.

The hospital is designed to consist of eight pairs of semi-detached houses running from east to west, with a chapel in the midst. There is one central kitchen, and the whole of the houses are brought into communication by means of a spacious subway. This central kitchen, and the subway branching from it, are of the greatest importance for the convenient and economical service and administration of the hospital. In fact, by these means as well as by a central furnace, by which all the warming is effected, it is believed this hospital will be nearly if not quite as cheaply maintained as one on the old or ward principle.

Each house is intended for six patients, but it might readily be made to accommodate seven or even eight. The whole of the patients' rooms face the south, both bed- and sitting-rooms, each patient having a separate sleeping apartment. There are ten sitting-rooms to every house,

each having a capacity of about 3000 cubic feet, while that of the bedrooms varies from 1700 to 1800 feet.

The whole of the south sides of the houses are furnished with ample verandahs, which, while they do not in the least obstruct the light or air, yet shelter the houses from the wind and rain, keep them cool in summer, and furnish on each story a convenient and agreeable promenade. It is intended, when all the houses are finished, to unite the several verandahs, enclosing them with sashes. In the winter a long sheltered walk of nearly 900 feet will thus be afforded, in which it will be practicable to walk in all weathers, and the means will also be afforded of getting to chapel the whole way under cover.

Although little over three years have elapsed since this hospital was first projected by me, I am happy to state that three pairs of houses are completed and furnished, two of them having for a considerable period been occupied with patients; the fourth pair, through the munificence of Sir William Malins, is in course of erection; the fifth pair will be shortly commenced; while, lastly, the building of the chapel is being proceeded with.

Under the guidance of the architect, T. Hellyer, Esq., of Ryde, great pains have been taken with the construction of the houses throughout to render them thoroughly dry and warm, light, airy, and cheerful. Neither paper nor paint has been used, and the walls have been made for the most part washable, while especial care has been bestowed upon the warming and ventilation. The system of warming adopted is by hot-water pipes, heated from one central furnace, one of these pipes being placed on each floor, and each pair of houses is provided with a hot bath. Each room, whether bed-room or sitting-room, is provided with inlet and outlet ventilators; the inlets are above and below, and the upper one is kept locked (so that it cannot be tampered with) at any degree of aperture which may be considered necessary, and which varies according to the season of the year. The outlets are also below and above, and open into flues which go up to the top of the houses, and terminate in a horizontal shaft, which in its turn ends in one of the house flues. In this shaft a gas jet is placed whereby a traction power may be obtained, but which it is thought may be replaced hereafter by a hot-water coil. The passages are also carefully ventilated, and, while it is intended to burn gas, the air consumed will be obtained from without, and the products of combustion will also be thus discharged, so that the atmosphere will be unaffected, in fact untouched.

I should mention that the hospital affords already accommodation to a house-surgeon and matron, with dispensary, library, and store-room; that there is in course of construction a mortuary, chapel, and post-mortem room; while hereafter it is hoped that sufficient funds may be obtained for the erection of laundry, baths, and a central room, or hall, in which the patients, for purposes of amusement, from time to time, can assemble.

The least satisfactory part of the hospital, judged by the light of recent experience, is the sewerage. The sewers are tubular throughout, and terminate in four cesspits at a distance from the houses. Two of these are lined with concrete, and are frequently emptied; the others are not at present, as they should be, rendered impermeable. It is intended specially to ventilate all the cesspits and to attach a pump to the two larger, so that the sewage can be pumped out from time to time and employed, if advisable, on the lands. The waste pipes also will all be disconnected.

Such is a very brief outline of the principal features of this hospital, which, I believe, is in some respects in advance of any hospital hitherto constructed on the separate or cottage principle; and I am happy to state that we have found it to realise in practice all the advantages contemplated.

The patients admitted within the walls express the greatest satisfaction with the arrangements, and recognise fully the many advantages of the separate system, and from some of them we have had some painful descriptions of the evils and trials, in cases of consumption and other affections of the organs of respiration, of the old ward system.

For an outlay of £32,000 a thoroughly well-appointed hospital, on the latest and best principle, affording accommodation to over 100 in-patients, each with a separate bedroom, will be obtained, and comparing this outlay with that of other hospitals, and looking at the results obtained, the amount appears to me extremely moderate.

Though much has already been effected, more remains to be accomplished, and especially the General Committee are most solicitous to increase, by means of subscriptions, the annual and permanent income of the hospital.

I remain, Sir, your obedient servant,

Ventnor, February, 1872. ARTHUR HILL HASSALL, M.D.

TYPHOID FEVER AND SEWER GAS.

To the Editor of THE LANCET.

SIR,—I have been recently requested to report on the origin of two cases of typhoid fever in the family of the principal of a large school. This gentleman had six children, and two of them were attacked with typhoid fever in the early part of January, one fifteen and the other eighteen days after the breaking-up of the school for the holidays. The children occupied a suite of three rooms on the first floor. They are sufficiently large, and the air supply is wholesome. The last of the suite opened upon a corridor and staircase leading to the school bath-room and dormitories. The children were in charge of a nursemaid, and, with a remarkable exception, were treated and fed in the same way. This exception related to a habit acquired only by the affected children of drinking cold water freely, particularly at night; the younger ones have not been encouraged in the habit, but have been chiefly fed on milk, of which the supply was not stinted. The night supply of water was derived, for the sake of convenience, from a tap connected with two large cisterns supplying the baths, and from them the general supply for the boys' dormitories is also drawn. As this water had been used for months, it became necessary to examine the cistern more carefully, and to see what changes took place when the boys went home. The room in which the baths are placed has been divided by a partition reaching to the ceiling, and in the smaller part the cisterns were placed on cross beams high above the head. There was a small space left on one side, in which there is a window near the ceiling, and immediately beneath in the corner was a syphon watercloset. The tops of the cisterns were open, and it became obvious that any escape of sewer gas from the closet would be liable to be absorbed by the water, particularly if the window at the top were closed. During school term the window was usually kept open, and there was a constant demand for water. The closet, though in frequent use, was never observed to smell; indeed, it was continually flushed by the slops of the dormitories. But as soon as the boys broke up, the window and door of the closet were permanently closed, and the demand for water was greatly reduced as soon as the general scrubbing of the floors and corridors consequent on the dismissal of the boys had ceased. This involved an unusual pouring down of water through the closet. The syphon was thereby sucked dry, and the sewer gases, having full play upon the extensive surface of the water, were rapidly absorbed; indeed, when the door of the closet was for the first time opened after the children were struck down, the stench was quite unbearable, although there was no smell outside.

The source of the fever is thus made out, and we have direct proof of the poisoning of a large body of water by an exposure to sewer gases for the space of two or three days, and additional evidence that the period of incubation is from fourteen to sixteen days.

I am, Sir, yours, &c.,

King's-road, Feb. 1872. J. H. STALLARD, M.B. Lond., &c.

TESTIMONIALS. — Mr. John Pratt, surgeon, of Durham, was recently presented with a handsome gold watch and chain, and a purse of £16. On the watch was the following inscription: "Presented by public subscription to Mr. John Pratt, Surgeon, for his unwearied exertions in relieving the poor during the prevalence of the small-pox epidemic in Durham and its neighbourhood. Durham, 7th of February, 1872."—The Chillington Lodge, Ancient Order of Odd Fellows, Manchester Unity, at a meeting held in Wolverhampton on the 5th inst., presented their surgeon, Dr. F. Moses, with the sum of five guineas, in recognition of his services during the past quarter.

Parliamentary Intelligence.

HOUSE OF COMMONS.

FEB. 13TH.

CONTAGIOUS DISEASES.

MR. BRUCE introduced the Government Bill on the above subject, in fulfilment of a pledge which he had given last session to state the result of the consideration he had given to the report of the Commissioners appointed to investigate the working of the Contagious Diseases Acts, and what was the course which, on the part of the Government, he intended to take. Admitting that the Acts have in every way benefited the population, he said the Government had arrived at the opinion that it was impossible to maintain in certain limited districts, and amongst a large civil population, a system which was not capable of being extended to other parts of the country. They were of opinion that the system of periodical and compulsory examinations could not be made the basis of general legislation. But while the Government were of opinion that the principle of those Acts could not be maintained in exceptional districts, they were of opinion that much might be done towards the diminution of disease, for the preservation of public decency and order, and for the protection of female innocence. It was proposed to enact that any common woman who in any public street solicited or importuned persons should be liable to committal under the Vagrant Act, and the Vagrant Act for that purpose would be extended to Scotland and Ireland. The next provision of the Bill was borrowed from a recent provision in the Poor-law Acts, which enabled the guardians, when paupers within the workhouse were discovered to be labouring under contagious disease, to detain them till they were cured. The Bill proposed to apply the same rule to women of the class referred to committed to prison. All such women committed under the Vagrant Act, or generally as disorderly persons, would, if found suffering from contagious disease, be liable to be detained in the prison infirmary or some certified hospital till cured, or for a maximum period of nine months. No compulsory examination would in that case be necessary. Besides those committed to prison summarily as disorderly persons, there were a considerable number of women committed for other offences where there was evidence that they were leading an immoral life; and it was proposed that the committing magistrate, in all summary cases where he was satisfied that the woman was leading an immoral life, should certify the fact, and, in the event of the accused being found to suffer from contagious disease, she would be detained in the same way as the last class of prisoners. There were special reasons why women of the class in question should not be permitted to return to their miserable calling while suffering from dangerous disease, and therefore he limited his proposal to the two classes of cases he had mentioned. The surgeon would report that the person was suffering from disease, and the report would be sent by the gaoler to a justice of the peace, who would make an order for her detention; and a woman detained in prison after the term of her sentence had expired might, by order of the justice, be removed to a certified hospital, but, if not sooner cured, her detention would not exceed nine months. As an additional precaution, the chief medical officer of the prison infirmary or certified hospital would be required each month to transmit a certificate that further detention was necessary. The justice would have power to discharge a woman either from the prison infirmary or certified hospital, though not cured, if he was satisfied that she intended to lead a moral life. The expenses of sending a woman from the infirmary to the hospital, and from the hospital to her home, were to be borne by the prison authorities. Coming to that portion of the Bill which was specially devoted to the protection of women, the existing law made punishable with penal servitude for life the offence of abusing a child under ten years of age, and he proposed to extend that to children of twelve years of age. Abusing a child of between ten and twelve years of age was at present a misdemeanour punishable with ten years' penal servitude, and he proposed to extend that to children under fourteen. Obtaining possession by false pretences of a girl under twenty-one was at present a misdemeanour punishable by imprisonment for two years, but he proposed that the same punishment should apply when the offence was committed against any woman, irrespective of age. The keeper of a disorderly house, who allowed women whom he had cause to believe diseased to assemble therein, was liable to a fine of £20, or six months' imprisonment; but, adopting a recommendation of the commissioners, it was now proposed that whenever a diseased person was found in such a house; the landlord should be liable to the same punishment, whether he had cause to believe the fact or not. He proposed to make the harbouring of children under sixteen a misdemeanour, punishable with six months' imprisonment summarily before a magistrate, or on an indictment with two years' imprisonment, in each case with or without hard labour at the discretion of the judge. He proposed also that the parochial authorities might themselves prosecute keepers of disorderly houses, instead of its being necessary that the initiative should be taken by two ratepayers; and to make the landlord liable for keeping a disorderly house, if he knew it to be kept as such, although he might not be resident in it, and might take no part in the management. He proposed further to give the power summarily to determine the holding of a disorderly house, whatever the terms of the lease might be. The last provision had reference to common lodging-houses, which would be deprived of their licence, and the keepers would be subject to punishment if they knowingly permitted disorderly persons to frequent them.

Dr. D. DALRYMPLE expressed a strong opinion that the legislation proposed by the Home Secretary was very defective.

Dr. BREWER said he had heard with considerable pain the statement of the provisions of this Bill. More good had been done by these Acts in the three years they had been in operation than the united efforts of the whole religious world had effected.

Sir J. PAKINGTON could not help sympathising with a minister who was obliged to avow that his opinion was one way and his legislation another. He heard the speech of the right hon. gentleman with great regret, and he must express his opinion that the course taken by the Government in a matter so deeply affecting the health and welfare of the people was a timid and an unworthy course. He regarded the legislation of that evening as the triumph of prejudice and clamour over reason and truth.

Sir J. TRELAWNY characterised the course of the Government as timid, irresolute, and unfortunate.

Sir J. ELPHINSTONE bore his testimony to the beneficial effects of the operation of the Acts in the communities to which they applied. To yield to the agitation on this question showed the greatest cowardice on the part of the Government.

Mr. STAPLETON gave notice that he would ask the Home Secretary whether he intended taking any steps with regard to the polluted state of the water supplied to some parts of the metropolis.

Mr. MUNTZ obtained leave to bring in a Bill to amend the law relating to the Adulteration of Food and Drugs.

Obituary.

GEORGE EDWARD DAY, M.D., F.R.S.

THIS accomplished physician and man of letters was born at Tenby in 1815, and at an early age showed an uncommon aptitude for scientific pursuits. Having entered Pembroke College, Cambridge, he distinguished himself by his proficiency in mathematics, and took a Wrangler's degree in 1837. Thereafter he repaired to Edinburgh, where he enrolled as a student of medicine. His intelligence, industry, and superior training soon brought him to the front rank of his compeers, among whom were the brothers Goodsir, Edward Forbes, George Wilson, and others afterwards known to fame. To relieve the severity of study these young men had formed a literary and scientific club for the discussion, *inter pocula*, of congenial subjects—a club which is best described by its name "Oineromathic." There, as in the soberer atmosphere of the class-room, Dr. Day was noted for his intellectual

acuteness, his exact knowledge, and his genial bearing. He twice carried off the gold medal for the best treatise on Anatomy and Physiology, and graduated with honours in 1842. From Edinburgh he removed to London, where he held the post of physician to the Western General Dispensary, in the New-road, and was subsequently appointed to the chair of Materia Medica in the Middlesex Hospital. In 1844 he became a Member, and in 1848 a Fellow, of the Royal College of Physicians. In the following year he succeeded Dr. John Reid in the chair of Chandos Professor of Medicine at St. Andrews, a post which he held till 1863. He was elected in 1850 a Fellow of the Royal Society of London, having previously taken an active part in the foundation of the Cavendish, Pathological, and Sydenham Societies.

He was an able and versatile contributor to periodicals, professional and non-professional, many of his articles in the *British and Foreign Medico-Chirurgical Review*, as well as in THE LANCET, being highly appreciated, on publication, for their acuteness, knowledge, and style. As an investigator he was less remarkable for originality than for justness of thinking and inductive caution. The works in which he appears to most advantage are his "Diseases of Advanced Life," and his "Chemistry in its Relations to Physiology and Medicine"; while his contributions to the Penny Cyclopædia and to Chambers's Encyclopædia on medical subjects are among the most valuable features in those well-known publications. A good specimen of his more caustic manner is his article in the *Medico-Chirurgical Review* on Mr. G. H. Lewes's "Physiology in Common Life," of which he exposes the blunders and the intrepid sciolism with the most provoking good-humour. He was also voluminous as a translator from the French and German—Valentin's "Physiology" in the former language, and in the latter Simon's "Animal Chemistry," Lehmann's "Physiological Chemistry," and Vogel's "Pathological Anatomy," being among his best-known efforts to familiarise the English public with continental science.

As a lecturer he possessed high merits; clear, fluent, fascinating, he spoke convincingly to the slowest intelligence, and attractively to the least inquiring. He did much to enhance the stringency of the examination for the St. Andrews medical degree: a qualification which he found despised, but left respectable and respected.

A few years before his resignation in 1863 he met with an accident while on a walking tour on Helwellyn. The covering of the chimney of a lead-ore furnace collapsed under him, and resulted in the fracture of his arm and his narrow escape from suffocation with the sulphurous-acid fumes. He was never the same man afterwards. Nine years ago he retired to Torquay, where he bore up against gradually progressive weakness with admirable composure. To the last he maintained his interest in his favourite studies, and never failed to charm those around him by his intellectual buoyancy. His invalid life was relieved of half its burden by the sisterly care of Miss E. C. Otté, well known as the translator (in conjunction with Dr. B. H. Paul) of Humboldt's Cosmos and other scientific works. Dr. Day died on the 31st ult., leaving an honoured name in medical literature, and a memory cherished by a host of pupils dispersed over all the English-speaking world.

DR. JOHN MILLAR.

FEW more promising physicians than the subject of this notice have fallen victims to excessive devotion to duty. On the 20th of December, 1871, Dr. Millar, then in his thirty-first year, succeeded to the office of physician to the Edinburgh Fever Hospital, shortly after the death of Dr. Mackenzie, his predecessor. By that time the intensity of the fever epidemic had slackened, the cases in hospital had diminished, and those were mainly of a mild type. Though the risks he ran seemed small, Dr. Millar almost courted danger by the excess of his zeal. Anxious that his patients should receive at the crisis every possible attention from himself in person, he never ceased, night or day, to exercise the most watchful surveillance over them. The consequences soon showed themselves. About a month ago he complained of a slight cold, and became gradually worse, until all the symptoms of malignant typhus appeared. Drs. Peel Ritchie and Begbie were unremitting in their attendance on him, but in vain. He died on the 26th ult. Dr. Millar graduated at Edinburgh in 1863, became a Fellow of the College of Surgeons in 1867, and of the College of Physicians in 1869. He had supplemented his studies by visits to the medical schools of Paris, Berlin, Vienna, and St. Petersburg, and when in the last-named capital the prevalence of a fever epidemic peculiar to the city supplied him with materials for an interesting paper in the *Edinburgh Medical Journal* for 1869. Previous to his entering on his duties at the Edinburgh Fever Hospital, he had been made an officer of the Royal Public Dispensary, and he acted as secretary to the medical officers. He was also assistant physician to the Sick Children's Hospital, and was for a long time connected with the Cowgate Dispensary. Young as he was, his experience as a practitioner was greater than that of the majority of his compeers, among whom he seemed destined to take a distinguished place. He has left a young family of orphans, their mother having died a short time ago. No sadder privation has lately befallen the ranks of Edinburgh practitioners than the loss of their young and devoted comrade, who, having but recently put on his harness, has been thus prematurely carried to the rear.

DR. BAIRD, F.R.S.

SCIENCE has lost a distinguished votary in Dr. Baird. The deceased gentleman was a native of Scotland, and studied medicine at the Universities of Edinburgh, Dublin, and Paris. After graduation he served for some time as surgeon in the East India Company's navy, and in this capacity he availed himself of his numerous and favourable opportunities for the cultivation of his pet science—zoology. In 1841 he received an appointment in the Zoological Department of the British Museum, a post which he held up to the day of his death. He died on Saturday, the 27th ult., after a lingering illness. He was a voluminous and valued contributor to scientific periodicals; while his most important work is his "Natural History of the British Entomostracæ, which was published under the auspices of the Royal Society in 1850. Besides his connexion with that body, he was a Fellow of the Linnæan and of several other learned societies, British and foreign. He was in his sixty-ninth year at the time of his death.

ANDREW HARRIS, M.R.C.S.

WE exceedingly regret having to record the death of Mr. Andrew Harris, aged thirty-three years, which occurred on the 10th ult., under most painful circumstances, at the Manchester Workhouse Hospital. On the day of his death deceased rose in his usual health, but whilst partaking of breakfast he observed a peculiar taste in the milk, and was shortly afterwards seized with well-marked symptoms of atropine poisoning, to which he succumbed at half-past eight the same evening.

In November, 1869, Mr. Harris was appointed junior assistant resident medical officer at the above hospital, and in December, 1870, succeeded to the post of senior, which was then vacant. Mr. Harris was a highly educated man, of a genial disposition, and much respected by a large circle of friends. He was devoted to scientific subjects, and was a first-rate mechanic. Prior to his death he had been much engaged with spectroscopic observations; he was also occupied in making a most powerful lunar telescope, which remains uncompleted.

Mr. Harris was removed to the residence of his friend Dr. J. D. Ward, with whom he had served his pupilage, and was interred on the 15th inst., at Worsley, whither his remains were followed by a large number of private friends.

DR. JAMES ANDERSON.

WE have to record the death, on January 18th, of Dr. James Anderson, of Knaresbrough. He obtained his degree of M.D. at Edinburgh in 1845, and took an active part in the terrible fever and cholera which raged in that city in 1847, '48, and '49. In 1851 he went to Australia, where he suffered severely from dysentery, barely escaping with life. In 1860 he settled in Knaresbrough, where he remained until his death. Dr. Anderson's demise will be deeply felt by his numerous friends and patients.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 8th:—

Dobie, Stanley Locker, Irthington, Carlisle.
Jackson, Francis Edward, Chertsey, Surrey.
Stoney, Percy Bultee, St. Bartholomew's Hospital.

On the same day the following gentlemen passed their First Professional Examination:—

Charles Bernard Dalton, Guy's Hospital; Albert Samuel Morton, London Hospital; William Newman Walker, University College.

ARMY MEDICAL SERVICE. — The following is a list of the candidates who were successful at the competitive examinations held at London in August, 1871, and at Netley in February, 1872, after having passed through a course at the Army Medical School, Netley:—

	No. of Marks.
Cattle, E. W., studied at Oxford and London ...	6118
Ash, R. V., London and Aberdeen	4625
Connolly, P. S., Dublin	4510
Dwyer, C. E., Dublin	4447
Rogers, J. G., Dublin	4445
Fasken, W. A. D., London	3993
Connolly, B. B., London	3927
Edge, J. D., Dublin	3866
Barrow, F. E., London	3837
Blood, B., Galway and Dublin	3797
Barrow, H. J. W., London	3703
Bridges, W. P., London	3696
Drury, E., Galway and Dublin	3694
Grant, W. C., Dublin	3654

NAVY MEDICAL SERVICE. — The following are the names of the candidates who were successful at the competitive examinations held at London in August, 1871, and at Netley in February, 1872, after having passed through a course at the Army Medical School, Netley, and who have received commissions as Assistant-Surgeons in H.M. Navy:

	No. of Marks.
Nixon, F. A., studied at Dublin	4471
Anderson, I. H., Belfast	4451
Chittenden, C. P. D., London	4385
Davidson, C., Aberdeen	4155
Drew, W. R., Dublin	3821
Elmes, W. H., Dublin	3650
Grey, C. E., Dublin	3620
Feltham, C., London	3460
White, W. R., Dublin	3455
Brown, R. G., Aberdeen	3443
M'Carthy, J., Cork	3343
Sandys, W. C., Dublin	2945
Gray, G. J., London	2915
Levinge, H. M., Dublin	2880
Brereton, R. W., Dublin	2873
Simms, I., Belfast	2468
Donovan, J., Dublin and Cork	2300

DR. BREWER, M.P., was last week sworn-in as a Justice of the Peace for Middlesex.

THE next meeting of the Association of Medical Officers of Health will be held on Saturday, the 17th inst., at 7.30 P.M., when Dr. Albert J. Bernays will read a paper on "The Precautions which should surround Toxicological Investigations in Medico-legal Cases, and on Evidence in Courts of Law."

CHOLERA is stated to have broken out at Corfuda, an Ottoman port in the Red Sea, and nearly 500 deaths amongst the military, and about twenty amongst the civil, population are reported. The cholera epidemic in Constantinople appeared to be dying out, as in the week ending the 7th of January sixteen deaths only are stated as having occurred. The Persian pilgrims proceeding from Persia to Mecca are said to have arrived at Aleppo in good health. Cholera is stated to have ceased in Erivan.

DONATIONS ETC. TO MEDICAL CHARITIES.—The London Hospital has received a fourth donation of £1000 from "E. T. H." The Middlesex Hospital has received a fourth donation of £1000 from "D. T. S." The Royal Free Hospital has received a fourth donation of £1000 from "D. G." The Great Northern Hospital has received a fourth donation of £1000 from "S. W. Y." The West London Hospital has received a second donation of £1000 from "W. L. H." The Royal Infirmary for Diseases of Children and Women has received a further donation of £1000 from "E. F. S." The Earl of Chesterfield bequeathed £1000 to the Derbyshire General Infirmary, and £1000 to the Nottingham County Infirmary.

Medical Appointments.

BRADY, J. B. J., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Junior House-Surgeon to the Sunderland Infirmary, vice Samuel Hanson Wheatcroft, L.R.C.P.Ed., M.R.C.S.E., resigned.

DAWSON, R. H., M.R.C.S.E., has been appointed Medical Officer for the Clifton District of the Newark Union, vice R. M. Wilan, M.R.C.S.E., resigned.

DONALD, J. T., L.R.C.S.Ed., has been appointed Surgeon to the Paisley Infirmary, vice Taylor, appointed Acting Physician.

DUNSMURE, J., M.D., has been appointed one of the Extra Physicians to the Sick Children's Hospital at Edinburgh, vice John Millar, M.D., deceased.

ELLIOTT, W. H., M.B., L.R.C.S.I., L.M., has been elected a Surgeon to the Whitworth Hospital, Drumcondra.

FERGUS, W., M.D., M.R.C.S.E., has been appointed a Consulting Surgeon to the Savernake Cottage Hospital, vice R. E. Price, M.R.C.S.E., resigned.

GARRETT, J., M.R.C.S.E., has been appointed House-Surgeon to the West Ham, Stratford, and South Essex Dispensary, vice A. H. Leapingwell, L.R.C.P.Ed., L.R.C.S.Ed., resigned.

GRACE, H., L.R.C.P.I., M.R.C.S.E., L.M., has been elected Medical Officer and Public Vaccinator for the St. George District of the Clifton Union.

LAWRENCE, J., M.D., has been appointed Resident Medical Officer to the Darlington Hospital and Dispensary, vice H. Harvey, M.B., L.R.C.S.Ed., L.M.

LEAH, T., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Parish of East Stonehouse, Devon, vice Henry Perry, M.R.C.S.E., resigned.

LYLE, T., M.B., C.M., Assistant Medical Officer of the Borough Lunatic Asylum, Newcastle-upon-Tyne, has been appointed Assistant Medical Officer to the Cheshire County Asylum, near Macclesfield, vice Dr. King, resigned.

MACKELLAR, J., M.D., L.F.P. & S. Glas., L.M., has been appointed Surgeon to the Prison, North Uist, Inverness-shire, vice John Macdonald, L.F.P. & S. Glas., L.M., deceased.

MURPHY, S. F., M.R.C.S.E., has been appointed Resident Medical Officer to the General Hospital and Dispensary for Sick Children, Manchester, vice E. Lowrie, M.B., M.R.C.S.E., resigned.

PARKINSON, C. H. W., M.R.C.S.E., has been appointed Medical Officer to the United Patriots' National Benefit Society, Wimborne, vice C. B. Rowe, F.R.C.S.E., resigned.

PRODM, T., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Admiralty Surgeon and Agent for Seafield, Co. Clare, vice John Foster Rowan, L.K.Q.C.P.I., L.R.C.S.I., resigned.

PHILLIPS, G. A., M.R.C.S.E., of the Nottingham Dispensary, has been appointed Resident House-Physician to the Hospital for Women, Soho-square, vice Walter Rigden, M.R.C.S.E., resigned.

PITT, Mr. F. D., has been appointed Obstetrical Officer to Charing-cross Hospital, vice A. W. Orwin, resigned.

PLAYFAIR, W. S., M.D., F.R.C.P.L., has been appointed Professor of Obstetric Medicine at King's College, and Physician for the Diseases of Women and Children at King's College Hospital, vice W. O. Priestley, M.D., F.R.C.P.L., resigned.

POORE, G. V., M.B., B.S., M.R.C.S.E., has been appointed Assistant-Physician to Charing-cross Hospital.

TAYLOR, D., M.D., has been appointed Acting Physician to the Paisley Infirmary, vice W. MacKechnie, M.D., resigned.

WHIPHAM, J. T., M.B., M.R.C.P.L., has been appointed Assistant-Physician to St. George's Hospital, vice W. Ogle, M.D., F.R.C.P.L., resigned.

Births, Marriages, and Deaths.

BIRTHS.

ARGLES.—On the 8th inst., at Hermon Lodge, Wanstead, the wife of Dr. Argles, of a daughter.

BENNETT.—On the 5th inst., at Worksop, Notts, the wife of E. Bennett, M.R.C.S.E., of a son.

COATES.—On the 5th inst., at Montpellier House, Great Malvern, the wife of F. W. Coates, M.D., of a son.

KIDD.—On the 13th inst., at Northbrook-road, Lee, the wife of Leonard Kidd, M.B., Surgeon Army Medical Staff, of a daughter.

PEARLESS.—On the 14th inst., at The Vicarage, Sevenoaks, the wife of Chas. D. Pearless, L.R.C.P.L., M.R.C.S.E., of a son.

MARRIAGES.

NORMAN—HICKSON.—On the 8th inst., at the Parish Church, Melton Mowbray, Burford, son of John Frederick Norman, Esq., of Staplegrove, Taunton, to Mary Anne, daughter of Thomas Hickson, Esq., of Melton Mowbray.—No Cards.

SNELL—CHAPMAN.—On the 1st inst., at Holy Trinity Church, Brompton, Ebenezer Snell, M.R.C.S.E., of Barrowden, to Annie, daughter of the late John Chapman, Esq.

DEATHS.

BARRON.—On the 29th ult., at Holbeach, Richard Simmons Barron, M.R.C.S.E., aged 69. Greatly esteemed.

BENYON.—On the 8th inst., C. Benyon, F.R.C.S.E., of Harley-street, aged 67.

BRADBURY.—On the 1st inst., at Huddersfield-road, Oldham, Beckett Bradbury, M.D., aged 68.

BROWN.—On the 7th inst., at Gorton, near Manchester, John Henry Brown, M.R.C.S.E., aged 57.

HAMMERTON.—On the 2nd inst., T. Hammerton, M.R.C.S.E., of Cheltenham, aged 81.

JONES.—On the 5th inst., J. Jones, M.R.C.S.E., of Tir-Bach House, Swansea, aged 48.

LEWIS.—On the 12th inst., at Brighton, F. Lewis, M.R.C.S.E.

URQUHART.—On the 19th of Nov. last, at Port Chambers, Otago, Robert Urquhart, M.R.C.S.E., aged 52.

Notes, Short Comments, and Answers to Correspondents.

FETAL POISONING BY MEPHITIC VAPOURS.

THE *Macclesfield Advertiser* of Saturday last contains a story of a peculiarly ghastly character, and which is almost as startling for what it suggests as for what it actually sets forth. A few days back the whole of the persons employed in the winding-room at the mill of Messrs. Woods and Hampson, Swillbrook, Preston, became suddenly very ill, and were compelled to cease work. Three young women and a widow (with four children) have died; one of the victims is lying without hope of recovery, and seven other persons are still suffering severely from the effects of the mephitic gases. An examination of the premises revealed the existence of a drain from which noxious exhalations were emitted, filling the winding-room with such appalling effect. The drain, we are told, emptied itself into a watercourse, which flows into the Ribble. Of course an inquiry will have been made into the immediate cause of the deaths of the victims in this melancholy case. But there are one or two very important questions collateral to that inquiry. For example, what precautions have been taken aforetime against the assaults of the deadly gas which proved so destructive on the occasion referred to? Poisonous gases are not fickle, though often insidious, in the exercise of their lethal powers; it is the conditions under which they operate which alone affect the amount of mischief they occasion. Then, again, when the vile fluid which emits the noxious vapours has been conducted off the premises, out of the way, as it has been thought, of the inmates, what means have been taken to prevent its doing damage to outsiders? How about the exhalations from the waterway into which it is poured, and the consequences to the drinkers of the water of the river which receives the poisoned stream? We trust these queries amongst others will secure the attention they deserve from those who are responsible for the sanitary well-being of the district in which the above distressing case of wholesale poisoning occurred.

Mr. A. E. McRae.—We fear that our correspondent's paper has been mislaid.

THE ETHICS OF CONSULTATIONS.

To the Editor of THE LANCET.

SIR,—May I trespass on your space to offer a few remarks on the usages which appear to regulate medical consultations. Perhaps the better to explain my meaning I will suppose a case. A patient, under the care of B, is seriously ill, and his friends, becoming anxious, request the advice and assistance of another medical man, and C is sent for, and attends. The case is carefully examined by both, and C, satisfied that all has been done that could be done, says so; but at the same time suggests *something*, and leaves a prescription.

Now, Sir, it is to this prescription that I object. My reasons are—firstly, that it is unnecessary; and secondly, that it has a tendency to do a great deal of harm. It does harm in this way: it often leaves an impression on the minds of the friends of the patient that the recovery was due to the medicine prescribed, so great is the popular faith in physic. Would it not have been kinder on the part of C, if any change were necessary, to have communicated it privately to B, and allowed him in the course of a few hours to make the suggested alteration? I am informed by an American friend that the late Dr. Valentine Mott, of New York, would never write a prescription, or permit of any suggestions of his to be carried out, in the presence of the patient's friends, so that they should not appear to emanate directly from himself—a kindly consideration for the feelings of his fellow-practitioner that cannot be too highly commended. Often has a medical man been robbed of his well-merited reward, and all his skill and care blown to the winds, by that fatal prescription, "which as soon as the patient took he began to mend." The truth in most cases is that the medicine had nothing to do with the recovery.

Another objection I have to make is to the often too ostentatious display of what are now called "modern scientific aids to the diagnosis of disease." Chance led me to meet a practitioner in this neighbourhood a short time since in consultation. He came into the sick-room in a whirlwind of importance, flourished before the eyes of the patient a clinical thermometer, which was duly put in the axilla, and in due time removed and placed on a table close by the bed-side, but the "reading" *never noticed*. The patient was charmed. I was disgusted. The converse of this treatment I received at the hands of one of the first physicians now in practice in London, but a week or two since. There everything was kindness and consideration, and, to my surprise, there was no prescription left, no public suggestions made, and I was left to use my own judgment in the treatment of the case, which happily ended favourably.

My experience in the first case has forced me somewhat reluctantly to the determination of never meeting a practitioner in my own neighbourhood, and only meeting those whose position has raised them above the petty jealousies of the profession. It appears to me that the proper subject for consultation is principles, not trumpery details as to whether castor oil or black draught should be given. I ask for a second opinion for two reasons—first, to satisfy myself that my diagnosis is correct; and second, as to the soundness of my principles of treatment.

I am, Sir, your obedient servant,
Finsbury-park, Feb. 1872. H. AUBREY HUSBAND, M.B., M.C., &c.

"SCIENCE IN EXILE."

Medicus Philanthropicus.—Mr. Frederick Harrison will give the required introduction to a French teacher in Physiology if applied to at 5, Newsquare, Lincoln's-inn-fields, W.C.

L.R.C.P.—A patient can certainly compel his medical attendant to furnish him with the detailed particulars of his attendance.

ATTENDANCE OF MEDICAL OFFICERS AT RIFLE PRACTICE.

WE are glad to notice that the military authorities have curtailed to a great extent the very tedious, and commonly unnecessary, duties of army medical officers in attending at musketry practice. There was a time when a party of about half a dozen soldiers could not fire off their weapons at a target without a medical officer being with them. The regulations at present in force are much more reasonable. General and other officers, at home and abroad, are informed that such attendance at target practice under ordinary circumstances is unnecessary, and the presence of medical officers at rifle ranges is to be dispensed with, except at large stations at home, and Gibraltar and Malta abroad. When the hospital or quarters of the attending medical officers are within a mile from the ranges, the assistant-surgeon on duty may, after reporting himself to the officer commanding the firing party, return to the hospital or quarters, and remain there during the practice, so as to be ready for any emergency. At those stations where the attendance of medical officers at rifle practice is altogether dispensed with, the name and address of some one to whom application can be made in case of accident are to be communicated to the officer in charge of the military at target practice.

A Student will find Prof. Maxwell's "Theory of Heat," published by Longmans in their series of Text-books, exactly adapted to his requirements.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART.

To the Editor of THE LANCET.

SIR,—Will you be good enough to correct a misstatement contained in an article under the above heading in your last issue—namely, that I was still on the staff of the above hospital.

I beg to acquaint you that I resigned my appointment as physician in March, 1870, and I am at a loss to understand how the error could have arisen, as I find upon inquiry that the lady superintendent distinctly told your reporter that *I* had ceased to be in any way connected with the institution for a long period, and that your representative copied the names of the present staff from a document on the walls, in which my name does not appear.

I became attached to the hospital some years back for the purpose of watching carefully a class of diseases of which I have made a special study, the result of which I hope soon to be able to lay before your readers. Meantime it is due to myself to state that during the period of my connexion with the charity it was simply what it professed to be, a "Hospital for the Treatment of Diseases of the Heart," and in no way merited the implied censure contained in your article. Yours very truly,

February, 1872. B. ARCHDECHNE DUNCAN.

*** Under the circumstances it is to be regretted that Dr. Duncan did not take care to have his name removed from the Medical Directory of 1872, in which he appears as physician to the hospital, as stated in our article. —ED. L.

To the Editor of THE LANCET.

SIR,—In your last number there appeared some remarks on the "National Hospital" which require notice. It is an error as stated in the article in question that the names of the committee are not given in the Report. The names are given, ten in all, including Admiral Burney, Captain F. Dodson, Colonel A. Stuart, Clement Upperton, Esq., &c. (see Report for 1871).

The connexion of nervous diseases with heart and aortic affections is too well known to admit of question. *Dyspnœa*, formication, mydriasis, &c., are well-known nervous complications, which admit of no question or doubt whatever; we may also add dropsy and œdema as constant concomitants of diseases which retard or impede the cardiac circulation. We have the right to apply the term "National" to our hospital, and also to include treatment of nervous affections. We assert that there is as respectable a list of names as supporters of our institution as to any special hospital in London. We have as vice-presidents alone about fifty of the first nobility and gentry of England. Yours, &c.,

DAVID LEBLIE, M.D.
February 13th, 1872. ELDRIDGE SPRATT.

*** Our reporter at his visit to the hospital asked to be furnished with any Report or other document that gave information concerning the hospital, and a Report, dated December, 1870, was given him. No "committee" appears in that Report.—ED. L.

ALLEGED ABSENCE OF TUBERCLE IN ICELAND.

Dr. Henry MacCormac, of Belfast, has forwarded us the copy of a communication that he addressed to Sir Thomas Watson, in which he directs attention to the incorrectness of the alleged statements as to the absence of tubercle in Iceland, wrongly ascribed to Schleisner in the *Westminster Review*. Dr. MacCormac states that he has fully refuted this view in his Treatise on Consumption, and requests the attention of Sir Thomas Watson to the circumstance, with the object of effecting a rectification of the error in any subsequent edition of his popular work on the Practice of Physic.

PRACTICAL THANKSGIVING.

To the Editor of THE LANCET.

SIR,—I have looked in vain through the papers with the expectation, I may say hope, that some ready writer would propose a means by which the nation could show its thankfulness to Almighty God for the benefits received through the restoration to health of the Prince of Wales. Let us render up our thanks to the Almighty; let us show our respect to our beloved Queen; let us reward with honours worthy of them the medical attendants; and, I would add, let us show to future generations that we felt the mercies we had received, and the more looking at a passing show was not considered by the nation as a sufficiently grateful acknowledgment for these mercies.

I would propose that the thanksgivings of the people be offered up in every place of worship in the kingdom on the 27th inst., and that collections be made with which to found and establish a National Convalescent Hospital. Yours truly,

February, 1872. AN OLD SUBSCRIBER.

SCOPE.

WE should strongly advise some of our professional brethren—and especially those who spend their mornings in consulting-rooms, practising a narrow specialty—to peruse Mr. Silverlock's Book of Labels, a copy of which (in the form of an advertisement) has recently fallen into our hands. It will set them thinking on many things. And, first, on the obvious error into which some of us have fallen concerning the supposed decline in the use of drugs. This surely cannot be, so long as 800 labels, all differently worded and of different purport, are needed for affixing to physic bottles. Some of them show, too, that physic is occasionally given with tolerable liberality. And one is almost reminded of the old practitioner who sent his patient half a dozen draughts, "one to be taken every hour," and called in person after a lapse of six hours with half a dozen more in the box-seat of his gig, when, finding from the nurse that his patient, who had been asleep, had only taken half the prescribed number of draughts, replied, "Well, we must get 'em into him somehow! Here, put 'em altogether in a basin, and throw 'em up as a clyster." This was in the good old days, however, when "12 draughts at 1s. 6d.—18s. 0d.," would have figured as an item in the Christmas bills. Another striking thing is the amount of variety which one may apparently practise in the mode of administering medicine. What with "drops," "spoonfuls" of various sizes, "—th parts," and the twenty-four hours which compose our day and night, the variety is endless, and the number of changes which one can ring—triple draughts major and the like—is truly remarkable. Another wonderful and striking fact is the scope of that profession which would seem to be able, according to these labels, to prescribe "*strychnine*" or sell "*whipcord*" with equal ability. Some of the labels have set us wondering as to their possible meaning. What is "Eau. Smoke," for example? Is it the increased salivary secretion consequent on the use of tobacco, or does it apply to some of the wondrous theories which are occasionally promulgated at the learned Medical Societies? The last thing which a perusal of these labels will set the reader thinking about is that which has often, especially of late, been ventilated in these columns—viz., "Professional Dignity." Surely, when we have the one-portal system, and we all become equally learned and dignified, it will be no longer necessary for our professional brethren to need such labels as the following:—"*Anchovies*," *Awl Blades*, *Best Glue*, *Capers*, *Mould Candles*, *S. Hair Oil*, *Steel Pens*, *W. Black Pepper*, *W. White Pepper*. There is one label (recommended some years ago by our contemporary, *Punch*) which would, we think, be of decided service in rural districts, but which we do not see in this catalogue. It is, "Pizen! not to be took inwards."

L.R.C.P. Lond.—Not in itself. It is the prerogative of the Medical Council to consider the particulars of the case, and to decide.

TREATMENT OF ENTERIC FEVER.

To the Editor of THE LANCET.

SIR,—Among the "*Notices to Correspondents*" in your impression of this day's date appears a letter from my friend and neighbour, Dr. Miller, in which that gentleman criticises one of the various points dealt with in my paper on the "Bowel Lesion of Typhoid Fever" (THE LANCET, Jan. 20th and 27th).

Dr. Miller gives it as one of his reasons for noticing the subject "that the article appeared in one of our local newspapers." The article appeared nowhere but in THE LANCET; and if Dr. Miller had taken the trouble to inquire, or had he even read THE LANCET, he would have found that all that appeared in the local newspaper referred to was an extract copied from THE LANCET, for which I am no more responsible than he is for the part of his letter to you which appears in the *Dundee Advertiser* of this day. On talking over the subject with Dr. Miller to-day, he owned that he had not read THE LANCET of the 27th before writing to you, and simply assumed (it seems to me most unwarrantably) that the whole article had appeared in the *Dundee Advertiser*. On this assumption he wrote to you as he did, conveying to many (if not all) who read his communication a very erroneous impression of the facts of the case.

Dr. Miller thinks my statement that "the treatment recommended by Todd is almost universally adopted in this country," one which is "calculated to bring discredit on the profession." Shade of the illustrious Todd, can this be possible! If to anyone this statement has given the least offence, I now publicly express to him, as I have already privately done to Dr. Miller, my regret that such an interpretation should be put on my words, and my complete innocence of any intention to attach to them a meaning which could by any possibility offend the most susceptible.

Were the question merely a personal one, here my communication should end. But it is not so. Dr. Miller calls in question not only the courtesy, but the accuracy of my statement, and in doing so quotes from Gairdner's Clinical Medicine, Aitken's Practice of Medicine, Reynolds's System of Medicine, and Tanner's Practice of Medicine.

Does Dr. Miller think me so foolish as to suppose that one per cent. of the cases of typhoid fever which occur in this country are treated by me? I am perfectly aware that I am not the only one who thinks well of the French practice; had I not been so, I would have said that a hundred instead of ninety-nine per cent. were treated on Dr. Todd's plan.

No one familiar with the literature of the question would think of ascribing to any of the men whom Dr. Miller quotes (deservedly eminent though they all are) the credit of having originated the system of keeping the bowels open. The practice is essentially French, and all those who have adopted it have simply followed the example of Bretonneau, Louis, Andral, and the French school generally. To the two former I specially refer in my paper as the authors of that mode of treatment.

I still maintain the accuracy of my original statement. I think I give quite sufficient evidence in support of it (1) when I quote the authority of Dr. Todd, whose teaching exercises on the practice of the present day a more powerful and wide-spread influence than that of any man who ever existed; and (2) when I state that the practice of Dr. Todd is quoted approvingly by Dr. Murchison in his classic work on the Continued Fevers. I shall still further support my statement, however, by extracts from the very passages which Dr. Miller quotes against me.

Dr. Gairdner says: "Some of my personal friends in London and elsewhere, for whose opinion I have a great respect, are utterly opposed to the giving of laxatives, and consider the stopping of the diarrhœa as the great point to be attained. ..... I think that there is rather good evidence of the favourable results of the French practice of giving saline laxatives in this disease. *But I have not dared to carry out this practice systematically* [the italics are mine]. ..... As a sort of compromise I have been very diligent in the use of enemata."

The passage quoted from Aitken is founded on Dr. Gairdner's. It, therefore, calls for no special notice.

That quoted from Reynolds's System of Medicine commences thus: "Diarrhœa must be restrained, some physicians think checked, if possible, altogether." It contains not a single word about the propriety of giving laxatives.

The quotation from Tanner says: "Aperients should seldom be given, as the bowels will probably act spontaneously," and makes it only permissive to give laxatives when constipation exists.

The administration of enemata, recommended by both Gairdner and Tanner, is powerless to effect the object which I have in view in prescribing laxatives, *the carrying off of the sloughs and discharges from the small intestine*.

It is apparent that every author whom Dr. Miller quotes against me really affords (and in the very passages quoted by Dr. Miller) evidence strongly corroborative of the statement which I made.

What Dr. Gairdner says he did not dare to do, I have done. May more (and this is the point for which I claim the credit which is my due), I have, after years of careful study and observation of typhoid fever in England, Scotland, France, and Germany, formed and given to the profession a totally new view of the nature of the bowel lesion of that disease. I have endeavoured to show (successfully I think) that the lesions are *primary* and *secondary*. I have shown that the recognition of the latter serves to explain all the varied phenomena of typhoid fever which have hitherto been regarded as inexplicable, and have established a sound pathological basis for the mode of treatment which I recommend, and will continue to advocate, not timidly and in a doubting spirit, but boldly and openly, and with the full assurance that in time it will be as generally adopted as the locking up system is now.

A careful perusal of my article will show Dr. Miller that he has missed its whole gist and bearing, and that even in the part to which he has specially referred he has fallen into an unfortunate and not very excusable error.

Had Dr. Miller communicated with me before sending his letter to you, I would have pointed out to him his mistake, and would probably have been spared the necessity of now troubling you with an answer.

I am, Sir, your obedient servant,

Dundee, Feb. 10th, 1872. T. J. MACLAGAN, M.D.

P.S.—Dr. Miller has sent me a copy of a note addressed to you, in which he acknowledges the inaccuracy of his letter which appeared in your impression of the 10th instant. The note is so ungracious in tone that I think Dr. Miller had better have remained silent. At the close of it he says: "not having kept a copy of my manuscript, I did not remember precisely the expression I had used; otherwise I would have corrected this before my letter appeared." (I hope you see what Dr. Miller wishes to say.) When I spoke to Dr. Miller on Saturday, the 10th inst., *some hours after* THE LANCET *containing his letter had been delivered at my house*, he was not aware of the inaccuracy which he now acknowledges. It was pointed out to him by me at that time. The reconciliation of these two statements I leave to Dr. Miller.

To the Editor of THE LANCET.

SIR,—I regret an unintentional inaccuracy, though it is not one of much significance, in my letter of last Saturday with reference to Dr. Maclagan's paper on "Enteric Fever." I have said, "and as the article has appeared in one of our local newspapers," whereas I should have said "a long extract from the article," &c. (nearly a column of the *Advertiser*). When I wrote my letter I had not read Dr. Maclagan's paper in THE LANCET further than to see whether the remarks to which I took exception were correctly given in the *Advertiser*; and not having kept a copy of my manuscript, I did not remember precisely the expression I had used; otherwise I would have corrected this before my letter appeared.

I am, Sir, yours respectfully,

Dundee, Feb. 12th, 1872. J. W. MILLER, M.D.

DECREASING NUMBER OF CONFINEMENTS IN PARIS.

THE following table of the number of confinements which have been taken in the hospitals of Paris in 1869 and 1871 will show the effect of the disasters which have afflicted our neighbours:—

1869.		1871.	
October ...	649 confinements.	October ...	243 confinements.
November ...	684 ,,	November ...	305 ,,
December ...	516 ,,	December ...	457 ,,
	1846		1005

Alma, (Bishops Stortford.)—We cannot undertake to nominate anyone. For obvious reasons we always decline to do so. Our correspondent will have little chance of going wrong if he follow the opinion of some reliable practitioner on the question he has put to us.

"THE SUCCESSES AND FAILURES OF A PUBLIC VACCINATOR."

To the Editor of THE LANCET.

SIR,—Will you kindly permit me to state, in answer to the letter of your correspondent, "C.," of last week, that, although the statement of Dr. Yarrow as to it being the *duty* of the Poor-law medical officers to supply information to the sanitary authorities of any case of small-pox which they were called upon to attend in their official capacity may not be strictly correct, still at the same time a request was made to those gentlemen that they would kindly forward such information at their earliest possible convenience. This request they cheerfully acceded to, and the arrangement was satisfactorily carried out during the period of the epidemic, and there can be but little doubt that by this means good service was rendered by enabling early steps to be taken to prevent the spread of the contagion as much as possible. I am, Sir, yours obediently,

JAMES NEIGHBOUR,
Vaccination Officer of St. Luke's, Middlesex.

Vestry Hall, City-road, Feb. 16th, 1872.

THE CONTAGIOUS DISEASES ACTS.

THE Association for Promoting the Extension of the Contagious Diseases Act of 1866 to the Civil Population have just issued a capital fourth Report, containing a *résumé* of the work of the Sanitary Commission on Contagious Diseases, the good results that have followed the Acts, and the unwarrantable character of the statements made by the oppositionists. The memorial presented to Mr. Bruce in favour of extending the present plan of prevention is now signed by some 1000 medical men in different parts of the country. In the following towns that are under the operation of the Acts nearly every medical man has signed, as the numbers attached will show:—Aldershot, 4; Canterbury, 11; Colchester, 17; Dover, 13; Folkestone, Hythe, and Sandgate, 14; Gravesend, 8; Sheerness, 4; Southampton, 13; Winchester, 14; Windsor and Eton, 7; Woolwich and Plumstead, 10. The signatures from the other towns have not yet been received. The following are a few of the other towns where the medical men have nearly all signed, one here and there objecting on the ground of personal liberty, &c.:—Bridgwater, 14; Bodmin, 5; Amesbury, 6; Abergele, 4; Cockermouth, 4; Chelmsford, 10; Cheltenham, 18; Diss, 5; Doncaster, 14; Eastbourne, 6; Exeter, 10; Guildford, 8; Helstone, 6; Leamington, 20; Warwick and Coventry, 17; Kenilworth and Stratford-on-Avon, 12; Chichester, 11; Hatfield, 5; Penzance and Scilly, 13; Hastings and St. Leonards, 17; Hartlepool, 9; Hay, 3; Daventry, 3; Margate, 9; North Shields, 10; Sutton Coldfield, 6; Wedebridge, 4; Warminster, 7; Malvern, 12; Northampton, 26; Oxford, 18; Reading, 13; Wakefield, 17; Torquay, 13; West Sussex towns, 26.

Mr. James Peckham.—Certainly; and, what is more, an individual has been known to die of the second attack. Still, it is rare for the disease to be repeated in the same subject.

THE FULHAM SICK CLUB.

To the Editor of THE LANCET.

SIR,—The attention of the Committee of the Fulham Sick Club has been directed to a paragraph in your valuable journal of the 10th inst.

This Club has been established by the clergy and laity of the four parishes of Fulham, with the cordial concurrence of all the resident medical gentlemen. Its main features are a reproduction of those of a similar Club at Northampton, which has been in operation twenty-seven years, and has been found to be as well remunerative to its medical officers as beneficial to the wage-earning population. I have the honour to enclose you a copy of our Rules, by which you will observe that the question of the "annual lying-in" has been specially met.

The advertisement in the *West London Observer* to which you refer was inserted without the knowledge of any one of the medical officers of the Club.

I am, Sir, your obedient servant,
F. H. FISHER,
Chairman of the Committee, Vicar of Fulham, and Rural Dean.

The Vicarage, Fulham, Feb. 13th, 1872.

*** We have carefully gone over the Rules and Regulations of this Club that have been forwarded to us, and we must say that the perusal of them only confirms the views we expressed last week. The rates of payment by members, and the advantages expected from the medical man attached to the Club, considered in relation to the character of its members and the terms of admission, are not equitably adjusted, and we regret that the medical officers should have felt justified in "doing so much for so little."—ED. L.

BARRACK ACCOMMODATION.

WE believe that the reappropriation of the space in our military barracks, alluded to by a military contemporary, is no new undertaking, but part of a scheme that has been, and is still being, generally carried out. The object is to appropriate the accommodation, as far as practicable, on the basis laid down by the Royal Commissioners—viz., to afford 600 cubic feet to every inmate; at least we hope so, for any reduction of that space would be a "very injudicious proceeding."

Mr. W. H. Purdue.—There is no special law on the subject, even for medical men. But, on the principle of contract, County Court Judges have generally recognised the engagement as constituting a claim to the fee. In a recent case it was otherwise. We apprehend that a midwife by most judges would be entitled to recover.

OPEN SURGERIES.

To the Editor of THE LANCET.

SIR,—In your last week's impression I observed a letter on the above subject, in which the writer very pertinently remarks that it is quite possible for a medical man at his private residence to accommodate his fees to the circumstances of his patients without keeping a shop. Were drugs only retailed it would be bad enough; but in a case which came under my notice a few months ago, a M.D. in the west of London, who has an open surgery at a short distance from his house, in addition to the usual *et ceteras* of a chemist, absolutely sold tea in packets, and in the window of the same establishment I saw hymn-books, photographs, &c., which I imagine were also for sale. It is to be regretted that some more stringent rules are not adopted by all the licensing bodies, in order to draw a line of demarcation more distinctly between trade and profession.

Yours, &c.,
February 10th, 1872. VOSE.

Justice.—The grocer in question is wise in his generation, and not easily to be restrained by law. He does not violate the Medical Act. The Apothecaries' Society might consider their privileges affected by his conduct. We should recommend our correspondent to lay the facts before the Society; and in the event of their declining interference, not to trouble himself further. A dignified disregard of unqualified practitioners is often more effective than a legal victory over them.

ARTISANS' DWELLINGS.

SIR SIDNEY WATERLOW, whose intimate knowledge of the wants of the industrial classes, in the matter of home accommodation, is perhaps not exceeded by that of any other social reformer, has, by the application of a little common sense, "squelched" one of the strong points in the programme of the advocates of the lately much-talked-of "new social movement." At the half-yearly meeting of the Improved Industrial Dwellings Company on the 10th inst., Sir Sidney, as president, remarked that one of the proposals in the programme referred to was the erection of dwellings for the labouring classes six or seven miles from London. This proposition, he said, displayed great want of practical acquaintance with the subject on the part of those who drew up the scheme, because, although the head or a family might be able to pay his own travelling expenses, he was usually not the only breadwinner in that family, and it was therefore obviously necessary that they should live as near the shops and warehouses of the metropolis as possible. As we have oftentimes stated, we regard convenient and healthful homes as lying at the very root of social amelioration of the humbler classes, and are therefore gratified at the success which has hitherto attended the operations of the Company over which Sir S. Waterlow presides.

An Army Surgeon has been misinformed. The Director-General's appointment is for seven years.

MEDICAL INSPECTION OF EMIGRANTS.

To the Editor of THE LANCET.

SIR,—Of course I cannot tell who has written the article which I have just perused on "The Medical Inspection of Emigrants" in your number of last week, neither can I divine his object. Of one thing, however, I am quite sure—it has not been written by one of the medical inspectors; for the writer is not conversant with the facts; his knowledge is not practical, but speculative; and I am now only induced to notice it lest a proposition apparently so feasible and plausible should misguide your readers.

During the first years of my appointment (1848, 1849, 1850, 1851) our examination was made before the emigrants' embarkation; but there were substantial reasons for abandoning the system.

I remain, Sir, your obedient servant,
CHAS. ALEX. HOLCOMBE, M.D.,
Senior Medical Inspector of Emigrants from the Port of Liverpool.

Liverpool, Feb. 12th, 1872.

*** If the senior medical inspector of emigrants from the port of Liverpool will explain the system which obtained in 1848, 1849, 1850, 1851, and give "the substantial reasons for abandoning it," we shall have an opportunity of judging whether our readers have been "misguided" by the "feasible and plausible proposition" referred to.—ED. L.

L.R.C.P. must act according to the dictates of his own good sense and good feeling in the matter. It is not, to our minds, a question of what he "ought" to do on professional grounds; for there is no *professional* reason why he should not receive a fee under the circumstances. Whether it would not be better to decline one from a gentleman in the position alluded to will depend upon private and personal considerations, of which our correspondent must be the best judge. We can only assume that these exist; if so, the fee might be declined, provided that by such a course the susceptibilities of the person intended to be benefited are not likely to be wounded.

A QUERY.

To the Editor of THE LANCET.

SIR,—W. J., the son of a deceased medical man, is now in independent circumstances, keeping his hunters, &c. &c. Is he, according to etiquette, entitled to have gratuitous medical and surgical attendance for life?

Yours, &c.,
February, 1872. Q. Q. Q.

DEAFNESS AND COMPRESSED AIR.

IN the construction of the little bridge over the Rhone between St. Maurice and Bex, the workmen were enabled to fix the piles beneath the level of the water in a gravelly soil by means of compressed air. Some of them were deaf; and Mr. Cuenod, the engineer, remarked that their hearing was greatly improved while employed in the apparatus to which the compressed air was supplied.

UNQUALIFIED ASSISTANTS.

To the Editor of THE LANCET.

SIR,—I would not again trespass on your valuable space but for the wholesale and ungrounded charge brought by the fortunate individual just arrived at the interesting age of "twenty-six" against his less lucky brethren, the unqualified assistants. I have no objection to his parading his successes before the public eye, or to his holding himself up as a beacon-light whereby others may be guided; but I do object, and that strongly, to his unjust and unwarranted statement, that the ill-success of unqualified assistants is solely owing to their mal-conduct. That reckless assistants do occur, I will not attempt to deny; but I assert, in the majority of cases, they are the victims of over-confinement and poor pay, deserving our compassion rather than our censure. Your correspondent's sweeping charge that we are "drunken assistants," and "have disgraced the profession," is, to say the least of it, not refined, and prepares us for the experience he has had of "errand-boys, pot-boys, and others." In my former letter I stated that our chief grievance was excessive confinement, and this even the letter of "An Assistant" corroborates; for from his own confession he had to work thirteen hours a day. Some constitutions may bear this; but I confess the inability of mine. We really want a little relaxation, and that gained, we may then attain the string of virtues with which "An Assistant" winds up his dictatorial and uncharitable letter.—Your obedient servant,

Bishopsgate-street Without, Feb. 12th, 1872. J. F. BURNS.

*** We can insert no more communications (of which we have many) on this subject.—ED. L.

ALCOHOLISM IN AMERICA.

VIGOROUS efforts are being made in America to restrict the ravages of intemperance, and to promote asylums for dipsomaniacs. In New York a Bill parallel to our own Permissive Liquor Bill has been introduced. Missouri has made an enactment, empowering interested persons to recover damages from the seller of alcohol for injury sustained by relatives, in consequence of the drink sold. Illinois lately passed a similar Act; while the Governor of Newfoundland, in his speech at the opening of the Legislature, recommended the Permissive Bill which has for several months past been agitated by the anti-confederates. Dr. Dalrymple's movement, as his recent tour in the United States enabled him to show, will derive much illustration and reinforcement from the practice and precept of our American cousins.

OLD SAYING.

M. AMÉDÉE LATOUR, in one of his sprightly medical table-talks, records an old saying which to this day has its full application. We all know that we must expect little from our immediate friends and relations.

> "Per amicos et amicas,
> Per vicinos et vicinas,
> Per monachos et monachas,
> Per cognatos et cognatas,
> Medicus non fecit res suas."

THE letter of *Mr. Robert Purves*, of Mainhouse, shall appear in our next impression.

ADMISSION OF AIR TO THE UTERUS.

To the Editor of THE LANCET.

SIR,—The perusal of Dr. Robert Barnes's interesting clinical lecture on the "Admission of Air to the Uterus" has brought to my recollection a case of this kind, the only one which I have met with in an extensive midwifery practice.

Mrs. S——, a woman of lax fibre, abdominal walls affording no support to the gravid uterus, was delivered of her eighth child. She had on several occasions suffered from great flooding, and on two or three occasions from puerperal peritonitis. On this occasion a bandage was properly applied after the delivery, and the patient left in a favourable condition. Severe pain in the abdomen came on in the night, and on my arrival next morning I found the abdomen enormously distended and tympanitic. On applying the ear to the abdomen a peculiar metallic tinkling was heard. Turpentine injections per rectum, and frictions with careful bandaging, were used. During the night both patient and nurse were alarmed by an escape of a large quantity of air from the vagina, accompanied by a loud noise. On my visit shortly after, I found the abdomen had recovered its normal size, and the patient made a good recovery.

Yours truly,
Broughton, Winchester, Feb. 12th, 1872. L. OWEN FOX, M.D., &c.

ERRATA.—In an annotation headed "The Medical Inspection of Emigrants" that appeared in our last impression, it was stated that the ship *Franklyn* arrived at Halifax with *small-pox* on board. For "small-pox," read "cholera."—By an error of the press, "Excalibar" last week was put for "Excalibur" in Notices to Correspondents.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Jas. Paget; Mr. Holmes Coote; Dr. Wilks; Dr. Struthers; Mr. Sewell; Mr. Horton, Edinburgh; Mr. Henry, Gateshead; Mr. Hensman; Mr. Green, Quebec; Dr. Lawson; Mr. Murdoch, Brecon; Mr. Porter, Leicester; Mr. Castleton; Mr. Cavendish; Mr. Handford; Mr. Richards; Dr. Buchanan, Glasgow; Mr. B. Smith; Mr. Warr, Weymouth; Mr. Wharton; Mr. Herbert, Liverpool; Mr. Evans, Thirsk; Mr. Lee, Richmond; Mr. Lattey, Willingham; Rev. T. D. Gregg; Mr. Jordan, Birmingham; Mr. G. Williams, Ipswich; Mr. Shaw; Mr. Baker, Cannes; Mr. Eaton; Mr. P. Rudall; Mr. Wood, Stafford; Mr. Williams, Abergavenny; Mr. Foster; Mr. Owen; Mr. Hunt; Mr. Bennett, Worksop; Mr. Swain, Devonport; Mr. Boyls; Mr. Newbery, Sutton; Dr. Urquhart; Mr. Trery; Dr. Phillip, Raglan; Mr. J. Haywood; Mr. Horton, Stamford; Dr. Müller, Rotterdam; Dr. Maclagan, Dundee; Dr. M'Gill, Leeds; Dr. Balbirnie, Sheffield; Mr. Hill, Seaford; Dr. Hall, Swadlincote; Mr. J. Phillips, Taunton; Dr. Moses, Darlington; Dr. Lyle, Newcastle-on-Tyne; Dr. Holcombe, Liverpool; Mr. W. Brown; Mr. Reed; Dr. Fox, Broughton; Mr. Wilkins, Carnarvon; Dr. Smythes, Liverpool; Mr. James, Peckham; Dr. Walker, Stonham Aspall; Dr. Wood, Douglas; Dr. MacCormac, Belfast; Mr. Hawker; Dr. Miller, Dundee; Dr. Spratt; Mr. Garrard; Dr. Leslie; Mr. Drew, Coventry; Dr. Elliott, Waterford; Dr. McRae, Fettercairn; Mr. Winns, Thetford; Mr. Pardoe; Mr. Finlay, Fordingbridge; Mr. O'Brien, Allahabad; Mr. Baldwin; Mr. Upton, Birmingham; Mr. Croton; Mr. Roberts, Spalding; Dr. Sainter, Macclesfield; Dr. MacIntyre; Mr. Nash, Limerick; Mr. Swain, Hornsea; Dr. Pearless, Sevenoaks; Mr. Wheeler, Salford; Mr. Allen, Bala; Mr. T. Macgowan; Mr. Robbins, Burnham; Mr. Clayton, Exeter; Mr. Chaplin; Mr. Green, Chatham; Mr. Hickman, Newbury; Mr. Fraser, Dublin; Mr. Goldney; Mr. Nivison, Castle Douglas; Mr. Kent; Dr. Loewenberg, Paris; Mr. Purves, Mainhouse; Mr. Davison; Rev. F. H. Fisher; Mr. Thomson; Mr. Shillito; Dr. Woodman; Mr. Postlethwaite; Dr. Jeaffreson, Newcastle-on-Tyne; Dr. Ballenden, Dudley; The Director-General of the Army Medical Department; Verax; A Subscriber; Vox; M.B.; Omega; L.R.C.P. Lond.; Inspector-General of Forests, India; An Assistant; Student; &c. &c.

Quarterly Journal of Education, Elgin Courant, Liverpool Daily Courier, Brussels Journal de Médecine, Leeds Mercury, Quarterly Paper of the Edinburgh Medical Missionary Society, Irish Times, Macclesfield Courier, Standard, Madras Monthly Journal of Medical Science, Lincoln Gazette, Macclesfield Advertiser, Free Lance, La Santé Publique, Belfast News, Newcastle Daily Chronicle, Le Mouvement Médical, Manchester Evening News, and *Malta Times* have been received.

Medical Diary of the Week.

Monday, Feb. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."
MEDICAL SOCIETY OF LONDON.—6 P.M. Mr. Victor de Mérie: "Casts and Drawings on a Case of Congenitally Deformed Hands and Feet." — Dr. C. Bell Taylor: "Observations on the Contagious Diseases Acts, with an Analysis of the Statistical Results as deduced from all the Parliamentary Papers which have been issued on the subject from the commencement to the present time."

Tuesday, Feb. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — 3 P.M. Dr. W. Rutherford, "On the Circulatory and Nervous Systems."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Malformation of the Chest, a living subject; Expansion and Softening of small Grey Tubercle; Congenital Occlusion of the Hepatic Ducts; Embolism and Softening of the Left Anterior Cerebral Lobe, Aphasia; Depressed Fracture of the Skull in a Child, with Injury to the Brain; Circumscribed Abscess in the Inner Condyle of the Femur opening spontaneously; The Head and Neck of a Femur Excised for long-standing Disease of the Joint; Malformed Heart of a Child; Hydatid Tumour of the Thigh; Ulceration of the Vermiform Appendix, causing Local Peritonitis; Tumour of the Arm, Congenital Hypertrophy; Fibrous Tumour of the Testicle; Disseminated Melanosis; Axillary Aneurism, for which the Subclavian Artery had been Ligatured; &c. &c.

Wednesday, Feb. 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."

Thursday, Feb. 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Alkalies and Alkali Manufacture."

Friday, Feb. 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Hensley, "On the Mechanism of Respiration, Circulation, and Digestion."
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Mr. Bryant, "On Two Cases of Recto-Vesical Fistula treated by Colotomy." — Mr. W. Haward, "On Cases of Distension of the Antrum."—Dr. H. Weber, "On a Case of Hyperpyrexia in Rheumatic Fever treated by Cool Baths and Affusions." —Dr. Geo. Johnson, "On a Case of Syphilitic Paralysis of Third Nerve Cured by full doses of Mercury, after failure of large doses of Iodide of Potassium."
ROYAL INSTITUTION. — 9 P.M. Mr. H. Leslie, "On the Social Influence of Music."

Saturday, Feb. 24.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — 3 P.M. Mr. Wm. B. Donné, "On the Theatre in Shakespeare's Time."

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	12	0
For every additional line.....	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.